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**National Highway
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Bloomington, Indiana 47403-1501

ON-SITE AIR BAG INVESTIGATION

CASE NO. - 96-26
FLEET - PRIVATE VEHICLE
LOCATION -
ACCIDENT DATE - 1996

Submitted By:

Senior Staff Associate
and

Associate Scientist

1997

Revised Submission:

2001

Contract Number: DTNH22-94-D-17058

Prepared for:

U.S. Department of Transportation
National Highway Traffic Safety Administration
National Center for Statistics and Analysis
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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

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15. <i>Supplementary Notes</i> On-site air bag deployment investigation involving a 1995 Chevrolet Camaro, two-door sport coupe, with manual belts and dual front air bags, and a 1988 Plymouth Reliant LE, four-door stationwagon					
16. <i>Abstract</i> This report covers an on-site investigation of an air bag deployment crash that involved an air bag equipped 1995 Chevrolet Camaro and a 1988 Plymouth Reliant LE. This crash is of special interest because the Camaro's unrestrained, right front passenger (4 year-old female) sustained critical head injuries when her head struck the center console as a result of impacting and being redirected by her deploying right front air bag. The Camaro was traveling east in the eastbound through lane of a three-lane (i.e., the state roadway had one eastbound and one westbound through lane and a left-hand turn lane on both the east and west legs of the four-leg intersection), undivided, state road. The Reliant was traveling west in the left turn lane of the same three-lane state road and was turning left to travel south on an intersecting roadway. The crash occurred in the intersection of the two roadways. The front right of the Camaro (case vehicle) impacted the front right of the Reliant (vehicle #2) causing the case vehicle's driver side and right front passenger side supplemental restraint systems (air bags) to deploy. The case vehicle's driver (23 year-old female) was normally postured, with her seat track located in its middle position and the steering wheel was located in its down-most position. She was not wearing her available, active, three-point, lap and shoulder belt and, according to her interview, sustained only soreness and thus did not sustain any injuries as a result of this crash. The right front passenger (4 year-old female) was abnormally postured (i.e., leaning to her left looking down toward the center console for change with her left hand on the seat and her right in the center console), with her seat track located in its rearmost position, and was not wearing her available, active, three-point, lap and shoulder belt. She sustained, according to the interview with the Camaro's driver (i.e., mother) and her medical records, critical brain injuries which included: a nonanatomic brain injury and a left posterolateral skull fracture with an large overlying contusion to her scalp from contacting the case vehicle's center console area. In addition she sustained right periorbital abrasions and contusions and contusions to her right eyelid/forehead and right shoulder from impacting her deploying air bag.					
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TRC/IU ON-SITE AIR BAG INVESTIGATION

TRC/IU CASE NO. 96-26

FLEET - PRIVATE VEHICLE
LOCATION -

SUMMARY

This report concerns a motor vehicle crash involving an air bag equipped 1995 Chevrolet Camaro and a 1988 Plymouth Reliant LE occurring in 1996 at 2:56 p.m., in an urban area on a state road. This crash is of special interest because the case vehicle's unrestrained, right front passenger (4 year-old female) sustained critical head injuries when her head struck the center console as a result of impacting and being redirected by her deploying right front air bag.

The Camaro was traveling east in the eastbound through lane of a three-lane (i.e., the state roadway had one eastbound and one westbound through lane and a left-hand turn lane on both the east and west legs of the four-leg intersection), undivided, state road when it impacted the Reliant which was traveling west in the left turn lane of the same three-lane state road and was turning left to travel south on an intersecting roadway. The crash occurred in the intersection of the two roadways. The Camaro rotated approximately 10 degrees counterclockwise after impact and came to rest in the eastbound lane heading primarily east. The Reliant rotated approximately 5 degrees clockwise after impact and came to rest heading southwest.

The front right of the Camaro impacted the front right of the Reliant. The Camaro was towed from the scene, but not due to damage. The Reliant was driven from the scene. CDCs were determined to be: **12-FZEW-1** for the Camaro and **01-FREE-3** for the Reliant. The SMASH reconstruction program, damage only algorithm, was used on the highest severity impact to the Camaro. The Total, Longitudinal, and Lateral Delta Vs are respectively: 12 km.p.h. (7 m.p.h.), -12 km.p.h. (-7 m.p.h.), and +2 km.p.h. (+1 m.p.h.).

The 1995 Chevrolet Camaro was equipped with both driver and right front passenger supplemental restraint systems (air bags) which deployed as a result of the frontal impact. The driver of the vehicle (23 year-old female) was normally postured, with her seat track located in its middle position and the steering wheel was located in its down-most position. She was not wearing her available, active, three-point, lap and shoulder belt and, according to her interview, sustained only soreness and thus did not sustain any injuries as a result of this crash. The right front passenger (4 year-old female) was abnormally postured (i.e., leaning to her left looking down toward the center console for change with her left hand on the seat and her right in the center console), with her seat track located in its rearmost position, and was not wearing her available, active, three-point, lap and shoulder belt. She sustained, according to the interview with the Camaro's driver (i.e., mother) and her medical records, critical brain injuries which included: a non-anatomic brain injury and a left posterolateral skull fracture with an large overlying contusion to her scalp from contacting the case vehicle's center console area. In addition she sustained right periorbital abrasions and contusions and contusions to her right eyelid/forehead and right shoulder from impacting her deploying air bag.

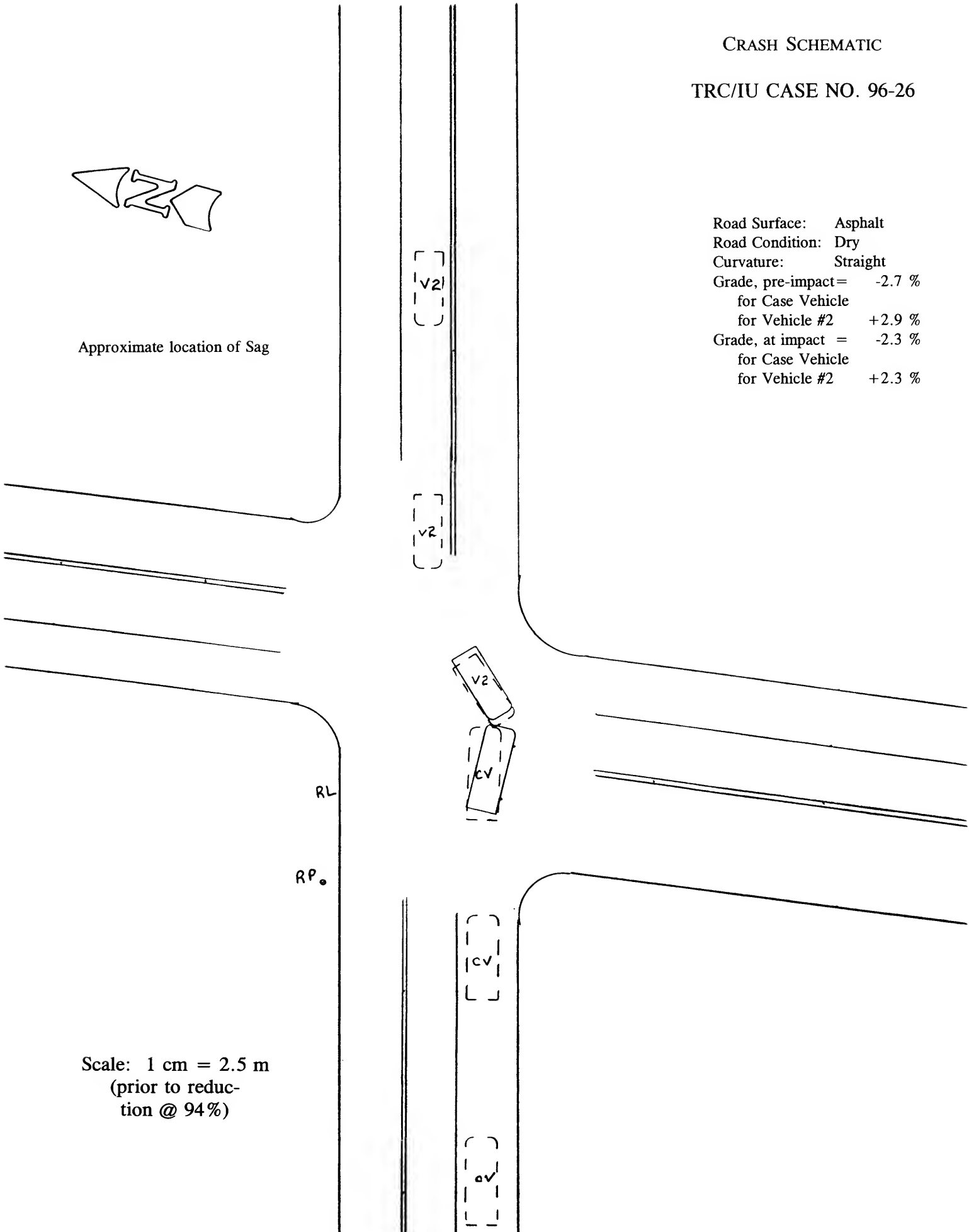
CRASH SCHEMATIC

TRC/IU CASE NO. 96-26



Approximate location of Sag

Road Surface: Asphalt
Road Condition: Dry
Curvature: Straight
Grade, pre-impact = -2.7 %
for Case Vehicle
for Vehicle #2 +2.9 %
Grade, at impact = -2.3 %
for Case Vehicle
for Vehicle #2 +2.3 %



Scale: 1 cm = 2.5 m
(prior to reduction @ 94%)

TRC/IU ON-SITE AIR BAG INVESTIGATION

TRC/IU CASE NO. 97-26

FLEET - PRIVATE VEHICLE
LOCATION -

ACCIDENT DATA

Location/Street:	State Road
State:	
Area/Type:	Urban, commercial
Accident Date/Time:	1996, @ 2:56 p.m.
Investigating Police Agency:	City police department
Accident Type:	Car / Stationwagon - obtuse angle
Occupant Injury Severity (air bag vehicle):	Non-anatomic brain injury (AIS-5) and fracture to left posterolateral skull (AIS-2)

AMBIENT CONDITIONS

Light Conditions:	Daylight
Weather Condition:	Partially cloudy, no precipitation per on-scene police photographs; see SELECTED PHOTOGRAPH #09
Precipitation:	None
Road Surface:	Dry
Temperature:	60 degrees F (16 degrees C) @ 12:00 p.m. per newspaper

ROADWAY

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Location:	State road	State road
Number of Travel Lanes:	Three lanes, undivided: two eastbound lanes (one through and one left-hand turn) and one westbound through lane	Three lanes, undivided: two westbound lanes (one through and one left-hand turn) and one eastbound through lane
Lane Width:	3.6 meters (11.9 feet)	3.6 meters (11.9 feet)

ROADWAY (CONTINUED)

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Surface Type:	Bituminous	Bituminous
Median:	None	None
Shoulders:	Curbs and grass	Curbs and grass
Vertical alignment:	2.7 % negative to east	2.9 % positive to west
Horizontal alignment:	Straight	Straight
Estimated Coefficient of Friction:	.70	.75
Traffic Density:	Moderate	Moderate

TRAFFIC CONTROLS

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Signals:	Lane specific vertically mounted on-colors traffic control signals with pedestrian controls	Lane specific vertically mounted on-colors traffic control signals with pedestrian controls
Signs:	Regulatory NO TURN ON RED sign: 7 A.M. TO 4 P.M. SCHOOL DAYS subsign	Regulatory NO TURN ON RED sign: 7 A.M. TO 4 P.M. SCHOOL DAYS subsign
Markings:	Double solid yellow centerline between eastbound left-hand turn lane and westbound through lane, solid white lane line between eastbound lanes, left turn arrow, straight and right turn only arrows, and stop bars	Double solid yellow centerline between eastbound left-hand turn lane and westbound through lane, solid white lane line between eastbound lanes, left turn arrow, straight and right turn only arrows, and stop bars
Speed Limit:	56 km.p.h. (35 m.p.h.)	56 km.p.h. (35 m.p.h.)

VEHICLES

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Year:	1995	1988
Make:	Chevrolet	Plymouth
Model:	Camaro	Reliant LE

VEHICLES (CONTINUED)

Body Type:	Two-door sport coupe	Four-door stationwagon
V.I.N.	2G1FP22SXS2-----	1P3BP49K8JF-----
Color:	Black	Blue
Mileage:	47,080 kilometers (29,254 miles)	178,906 kilometers (111,167 miles)
Engine:	3.4 liters, V-6	2.5 liters, L-4
Transmission:	Four-speed, automatic	Three-speed automatic
Steering:	Power-assisted, rack-and-pinion	Power-assisted, worm and gear
Brakes:	Power-assisted, front disc, rear drum with Anti-lock brakes	Power-assisted, front disc, rear drum
Padding:	Steering wheel and hub, sunvisors, "A"-pillars, dash, side door surfaces	Steering wheel, "A"-pillars, dash, sunvisors, side door surfaces
Active Restraints:	Three-point, manual, lap and shoulder belts in front and rear outboard seating positions	Three-point, manual, lap and shoulder belts in front outboard seating positions; lap belt only at front center position and three rear positions
Passive Restraints:	Factory installed driver and right front passenger supplemental restraint systems (air bags)	Not equipped
Defects:	None	None
Fleet:	Private vehicle (i.e., boy-friends)	Private vehicle
Tow status:	Towed not due to damage	Driven

VEHICLE DAMAGE

<u>EXTERIOR</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
<u>Deployment Impact</u>		
Event number:	One	One
Object Struck:	Vehicle #2	Case Vehicle

VEHICLE DAMAGE (CONTINUED)

EXTERIOR (Continued)Case VehicleVehicle #2Deployment Impact (Continued)

Damage location

Damaged Plane:

Front

Front

Vertical Location

On Plane:

Bumper

Bumper

Direct Begins:

Front right bumper corner

Front right bumper corner

Length Direct:

109.0 cm (42.9 in)

29.0 cm (11.4 in)

Field L:

148.0 cm (58.3 in)

154.0 cm (60.6 in)

C₁:

0.0 cm (0.0 in)

0.0 cm (0.0 in)

C₂:

0.1 cm (0.0 in)

0.1 cm (0.0 in)

C₃:

1.0 cm (0.4 in)

0.1 cm (0.0 in)

C₄:

2.0 cm (0.8 in)

1.0 cm (0.4 in)

C₅:

2.0 cm (0.8 in)

2.0 cm (0.8 in)

C₆:

9.0 cm (3.5 in)

22.0 cm (8.7 in)

D:

+19.5 cm (+7.7 in)

+48.0 cm (+18.9 in)

Maximum Crush:

16.0 cm (6.3 in)

22.0 cm (8.7 in)

Location:

C₆C₆

CDC:

12-FZEW-1 (-10)

01-FREE-3 (+25)

Damaged Components:

Front bumper, grille, hood, right headlight assembly, and right fender

Front bumper, right headlight assembly, right fender, and induced damage to left fender

INTERIOR

Damaged Components:

Driver and right front passenger side air bag modules, driver's side dash and sunvisor, and right front air bag module's cover flap

Windshield and rearview mirror

Other Evidence of Occupant Contact:

Driver side and right front passenger air bags and right dash

Left rear window glazing

Manual Restraint System Failures:

None

None

Seat Performance Failures:

None

None

REPAIR

Cost Estimate:

\$5,059

Unknown

VEHICLE VELOCITY ESTIMATES

<u>Highest Delta "V"</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Reconstruction Program:	SMASH	SMASH
Program Algorithm:	Damage only	Damage only
Barrier Equivalent Speed:	11 km.p.h. (7 m.p.h.)	15 km.p.h. (9 m.p.h.)
Total Delta "V":	12 km.p.h. (7 m.p.h.)	13 km.p.h. (8 m.p.h.)
Longitudinal Delta "V":	-12 km.p.h. (-7 m.p.h.)	-12 km.p.h. (-7 m.p.h.)
Lateral Delta "V":	+2 km.p.h. (+1 m.p.h.)	-6 km.p.h. (-3 m.p.h.)

COLLISION SEQUENCE

The following is based on the Police Accident Report, interviews with both vehicle drivers and the investigating police officer, scene and vehicle inspections, occupant medical records, newspaper accounts, and this contractor's evaluation of the evidence.

PRE-CRASH: The case vehicle (Camaro) was traveling east in the eastbound through lane of a three-lane (i.e., the state roadway had one eastbound and one westbound through lane and a left-hand turn lane on both the east and west legs of the four-leg intersection), undivided, state road and was attempting to continue in its eastward direction of travel. Vehicle #2 (Reliant) was traveling west in the left turn lane of the same three-lane state road and was attempting to complete a left turn to travel south on an intersecting roadway. At the very last moment the case vehicle's driver attempted to brake (without lockup) and steer to the left (north). The case vehicle continued essentially straight ahead prior to impact. The driver of vehicle #2 heard his brother (i.e., right front passenger) tell him to "STOP", but he had no time to make any pre-crash avoidance maneuvers. Vehicle #2 continued its turn just prior to impact. The crash occurred in the intersection of the two roadways.

CRASH: The front right of the case vehicle impacted the front right of vehicle #2 causing both the driver and right front passenger side supplemental restraint systems (air bags) to deploy. The case vehicle rotated approximately 10 degrees counterclockwise after impact and came to rest in the eastbound lane heading primarily east. Vehicle #2 rotated approximately 5 degrees clockwise after impact and came to rest heading southwest.

POST-CRASH:

Occupants: The case vehicle's driver and right front occupant remained inside the vehicle at final rest. The driver was conscious and able to exit the case vehicle without any assistance. The right front passenger was unconscious and was unable to exit the case vehicle because of her injuries. Neither the case vehicle's driver nor the right front passenger were restrained by their available, active, three-point, lap and shoulder belts prior to the crash. According to the case vehicle's driver, she

COLLISION SEQUENCE (CONTINUED)

POST-CRASH:

Occupants: (Continued)

thought the right front passenger (i.e., daughter) was using her safety belt; although, she indicated that she did not recall unbuckling it prior to removing her from the case vehicle. The Police Accident Report did not indicate restraint usage or air bag availability.

Police: The investigating police agency was four or five cars behind the case vehicle when the crash occurred and was on scene almost immediately following the crash. Traffic control procedures were established and emergency medical and towing services were called to assist.

Rescue: The right front passenger was transported by ambulance to a medical facility where she was treated and stabilized, prior to being transported by helicopter to a trauma center, specializing in children, where she was hospitalized. The case vehicle's driver accompanied the right front passenger (i.e., daughter) in the ambulance to the initial medical facility. The case vehicle's driver did not require medical treatment. The case vehicle's driver reported only soreness and thus did not sustain any injuries as a result of this crash. The right front passenger sustained critical brain injuries which included: a non-anatomic brain injury and a left posterolateral skull fracture with an large overlying contusion to her scalp from contacting the case vehicle's center console area. In addition she sustained right periorbital abrasions and contusions and contusions to her right eyelid/forehead and right shoulder from impacting her deploying air bag.

Removal: Following the police investigation, the case vehicle was towed from the scene and vehicle #2 was driven from the scene.

HUMAN FACTORS/OCCUPANT DATA

<u>DRIVERS:</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Age:	23 year-old	17 year-old
Sex:	Female	Male
Height:	160 cm (63 in)	180 cm (71 in)
Weight:	41 kg (90 lbs)	77 kg (170 lbs)
Occupation:	Homemaker	Student
Active Restraint System/Usage:	Three-point lap and shoulder/Not used	Three-point lap and shoulder/Not used

HUMAN FACTORS/OCCUPANT DATA (CONTINUED)

DRIVERS: (Continued)

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Usage Source:	Vehicle inspection, interviewee, output from case vehicle's Diagnostic Energy Reserve Module (DERM)	Vehicle inspection and Interviewee
Passive Restraint System/Usage:	Factory installed air bag/air bag deployed	Not equipped
Usage Source:	Vehicle inspection and Interviewee	Not applicable
Eyeglasses/contacts:	Eyeglasses	Not applicable
Vehicle Familiarity:	4-5 months, approximately 805 km (500 mi), total	Less than one month (i.e., 25 days), approximately 402 km (250 mi), total
Route Familiarity:	Daily	Daily
Trip Plan:	Personal business (gas station) to home	School to work
Manner of Leaving Scene:	Accompanied daughter in ambulance	Drove away
Type of Medical Treatment:	None	None

RIGHT FRONT PASSENGERS:

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Age:	4 years-old	16 years-old
Sex:	Female	Male
Height:	107 cm (42 in)	185 cm (73 in)
Weight:	14 kg (31 lbs)	66 kg (145 lbs)
Active Restraint System/Usage:	3-point lap and shoulder/Not used	Three-point lap and shoulder/Not used
Usage Source:	Vehicle inspection	Vehicle inspection and interviewee
Passive Restraint System/Usage:	Factory installed air bag/air bag deployed	Not equipped
Usage Source:	Vehicle inspection and Interviewee	Not applicable
Eyeglasses/contacts:	None	Not applicable

HUMAN FACTORS/OCCUPANT DATA (CONTINUED)

RIGHT FRONT**PASSENGERS:** (Continued)

Manner of Leaving Scene:

Case Vehicle

Ambulance

Vehicle #2

Driven away

Type of Medical Treatment:

Hospitalized

None

OTHER VEHICLE #2**OCCUPANTS:****Left Rear****Right Rear**

Age:

16 year-old

16 year-old

Sex:

Female

Female

Height:

152 cm (60 in)

160 cm (63 in)

Weight:

50 kg (110 lbs)

52 kg (115 lbs)

Active Restraint
System/Usage:

Two-point lap/Not used

Two-point lap/Not used

Usage Source:

Vehicle inspection and in-
intervieweeVehicle inspection and in-
intervieweePassive Restraint
System/Usage:

Not applicable

Not equipped

Usage Source:

Not applicable

Not applicable

Eyeglasses/contacts:

Not applicable

Not applicable

Manner of Leaving Scene:

Driven away

Driven away

Type of Medical Treatment:

None

None

CASE VEHICLE DRIVER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Sore neck	0	7	Air bag, driver's side	Not applicable
Sore chin	0	7	Air bag, driver's side	Not applicable

CASE VEHICLE RIGHT FRONT PASSENGER INJURIES^{1,2}

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Non-anatomic brain injury [i.e., unconscious, appropriate movements but only upon painful stimuli, with neurological deficit (wandering left eye movement), and some decorticate posturing]	160820.5,0	3	Center floor console	{Probable}
Fracture left posterolateral skull	150400.2,6 ¹	7 ²	Center floor console	{Probable}
Contusion, large, left posterolateral scalp	190402.1,6	3	Center floor console	{Certain}
Abrasions, periorbital, right eye	297202.1,1	3	Air bag, passenger's side	{Certain}
Contusions, periorbital, right eye	297402.1,1	3	Air bag, passenger's side	{Certain}
Contusions right eyelid/forehead	290402.1,7	7	Air bag, passenger's side	{Certain}
Contusion right shoulder	790402.1,1	7	Air bag, passenger's side	{Probable}

VEHICLE #2 DRIVER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Not injured	0	7	Not applicable	Not applicable

VEHICLE #2 RIGHT FRONT PASSENGER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Not injured	0	7	Not applicable	Not applicable

¹ The exact location of the skull fracture (i.e., vault versus basilar) is unknown because the patient's parents failed to enable this contractor to acquire the medical records from the hospital to which she was transferred and hospitalized. There was blood behind the left tympanic membrane suggesting that the fracture was basilar; however, the fracture is coded to the vault by default.

² The existence of the fracture is less than certain because of the lack of medical records. The initial medical facility suspected a fracture, but the single lateral x-ray taken was inconclusive because of her treatment. The fracture is coded as "interviewee" because of her mother's definitive statement regarding the lesion and the available medical records did not contradict the reported lesion.

VEHICLE #2 LEFT REAR PASSENGER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Not injured	0	7	Not applicable	Not applicable

VEHICLE #2 RIGHT REAR PASSENGER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Not injured	0	7	Not applicable	Not applicable

CASE VEHICLE OCCUPANT KINEMATICS³

<u>DRIVER</u>	<u>Status</u>	<u>Source</u>
Posture:	Normal	Case vehicle's driver
Sitting:	Slightly reclined with her back against the seatback	Case vehicle's driver
Feet:	Left foot on the floor, right foot on the brake	Case vehicle's driver
Hands/arms:	Both hands on the steering wheel	Case vehicle's driver
Seat Track Location ³ :	Middle position Rear-most position	Case vehicle's driver Vehicle inspection
Seatback Location:	Slightly reclined	Case vehicle's driver and vehicle inspection
Tilt Steering Wheel ³ :	Down-most position Up-most position	Case vehicle's driver Vehicle inspection
Restraint Usage:	Not wearing the available, active, three-point, lap and shoulder belt	Case vehicle's driver and vehicle inspection

According to the case vehicle's driver, immediately prior to the crash, she steered to the left and braked attempting to avoid the crash. As a result of these attempted avoidance maneuvers and

³ The differences in the seat track and tilt wheel positions are due to the body shop manager moving the car in and out of the building. This contractor determined that the seat track was in the middle position and the tilt steering wheel was located in its down-most position.

CASE VEHICLE DRIVER KINEMATICS (CONTINUED)

the nonuse of her available safety belts, she most likely moved slightly forward and to her right just prior to impact.

Based on the vehicle inspection and occupant kinematic principles, the case vehicle's primary impact with vehicle #2 not only deployed the driver's air bag, but thrust the driver forward and slightly upward and to the left--with the deploying air bag adding to her upward movement.

An inspection of the driver's air bag revealed oil and skin transfers to the upper center portion of the air bag; see **SELECTED PHOTOGRAPHS #37** through **#39**. There was no evidence of contact on the driver side air bag module's cover flap; however, the interior inspection revealed a contact to the driver's sunvisor which subsequently knocked it off its mount (see **SELECTED PHOTOGRAPHS #39** through **#44**).

After contacting the sunvisor, the case vehicle's driver rebounded back down into her seat. According to the case vehicle's driver, at final rest she was essentially in her original seating position.

<u>RIGHT FRONT PASSENGER</u>	<u>Status</u>	<u>Source</u>
Posture:	Abnormal	Case vehicle's driver (i.e., mother)
Sitting:	Leaning to her left looking down toward the center console for change	Case vehicle's driver
Feet:	Both hanging down angled to the right	Case vehicle's driver
Hands/arms:	Left hand on the seat and her right in the center console	Case vehicle's driver
Seat Track Location:	Rearmost position	Case vehicle's driver and vehicle inspection
Seatback Location:	Slightly reclined	Case vehicle's driver and vehicle inspection
Restraint Usage:	Not wearing the available, active, three-point, lap and shoulder belt	Vehicle inspection and medical records

As a result of the case vehicle's attempted avoidance maneuvers [i.e., braking (without lockup) and steering left] and the nonuse of her available safety belts, the right front passenger moved forward and to her right just prior to impact.

CASE VEHICLE RIGHT FRONT PASSENGER KINEMATICS (CONTINUED)

Based on the interior vehicle inspection and occupant kinematic principles, the case vehicle's primary impact with vehicle #2 not only deployed the right front passenger side air bag, but thrust the right front passenger forward and slightly upward and leftward where she contacted the air bag with the right side of her face and shoulder causing the abrasions and contusions to her right orbital/forehead areas and the contusion to her right shoulder. The deploying, top mounted, right front passenger side air bag knocked this small occupant [107 centimeters (42 inches) 14 kilograms (31 pounds)] downwards and backwards with her torso striking her seat-back and the back left side of her head striking the center console⁴. The console impact caused her critical brain injury and skull fracture. It should be noted that no evidence of contact was found to the center console; however, the center console was well rounded (see **SELECTED PHOTOGRAPH #55** and the occupant's medical records did not indicate any active bleeding from the point of contact (i.e., no abrasions or lacerations to her posterolateral scalp).

An inspection of the right front passenger's air bag revealed contact evidence (i.e., blood and oil smears) to the center left portion; see **SELECTED PHOTOGRAPHS #52** through **#54**. In addition, there appeared to be an oil smudge on the leading edge of this right front passenger side air bag module's cover flap; see **SELECTED PHOTOGRAPHS #46**, **#48**, and **#49**. However, it should be noted that on previous Special Crash Investigation cases, when the cover flap was directly contacted, there was usually skin evidence found on the top portion of the air bag. There was no skin evidence observed in this crash.

According to the case vehicle's driver (i.e., mother), at final rest the right front passenger was laying on her left side with her head towards the driver near the center console and her feet hanging off the seat angled to the right. The vehicle inspection noted a blood spot to the right front seat, slightly left of center; see **SELECTED PHOTOGRAPHS #55** and **#56**. According to this occupant's medical records, she was bleeding about her mouth. According to the case vehicle's driver, she went and opened the right front door, picked her daughter up underneath her arms, removed her from the case vehicle out the driver's door, and placing her down on the street. The driver could not recall unbuckling this occupant's belt prior to picking her up.

CASE VEHICLE AIR BAG SYSTEM

	<u>DRIVER AIR BAG</u>	<u>PASSENGER AIR BAG</u>
Air Bag Diameter (seam-to-seam, deflated):	Diameter: 63 cm (24.8 in)	Width: 37 cm (14.6 in) Height: 73 cm (28.7 in)
Number of Vent Holes:	Two	Two

⁴ This contractor initially considered the windshield as a possible source of contact for the child's head; see **SELECTED PHOTOGRAPH #47**. However, this source was ruled out because of the occupant's initial pre-crash posture (i.e., leaning to the left with her head turned toward to left) and the fact that her medical records found no trauma to her neck/cervical spine (i.e., her history and physical exam indicated that her C-spine was supple without any tenderness, crepitus, or deformity upon palpation and range of motion testing and a cervical x-ray was unremarkable).

AIR BAG SYSTEM (CONTINUED)

	<u>DRIVER AIR BAG</u>	<u>PASSENGER AIR BAG</u>
Vent Hole Diameter:	1.8 cm (0.7 in)	6 cm (2.4 in)
Vent Hole Clock Positions:	Approximately 3 and 9 o'clock	Approximately 9:30 and 2:30 o'clock
Number of Air Bag Tethers:	None	Two, each 33 cm (13.0 in) wide
Number of Air Bag Module Cover Flaps:	Two	One
Left/Top Cover Flap Dimensions:	<i>Left</i> Width: 10 cm (3.9 in) Height: 11 cm (4.3 in)	<i>Top</i> Width: 35 cm (13.8 in) Height: 22 cm (8.7 in)
Right/Bottom Cover Flap Dimensions:	<i>Right</i> Width: 10 cm (3.9 in) Height: 11 cm (4.3 in)	Not applicable
Distance between Dash and leading (i.e., closest) edge of Module's Cover Flap:	Not applicable	2 cm (0.8 in)
Generant Residue:	No unusual amount found	No unusual amount found

APPENDIX B presents the results of the diagnostic tests that were performed on the case vehicle's driver side air bag module.

Appendix A:

RECONSTRUCTION PROGRAM RESULTS:

**SMASH
(DAMAGE ONLY ALGORITHM)**

TRC VECTOR ANALYSIS ITERATIONS

SMASH
(DAMAGE ONLY ALGORITHM
-- INCLUDING
BARRIER EQUIVALENT SPEEDS)



U.S. Department of Transportation
National Highway Traffic Safety
Administration

SMASH PROGRAM SUMMARY

(All Measurements in Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title

10

Primary
Sampling Unit

9626

Case No.-Stratum

01

Accident Event
Sequence No.

1 1

Date (Month, day, year) of Run

GENERAL INFORMATION

VEHICLE 1

NASS Vehicle Number

01

Year

1995

Make

Chevrolet

Model

Camaro

Body Style

2C

CDC

12FZEW1

PDOF

\oplus 10°

Heading Angle

\pm 75°

VEHICLE 2

NASS Vehicle Number

02

Year

1988

Make

Plymouth

Model

Reliant LE

Body Style

SW

CDC

01FREE3

PDOF

\oplus 25°

Heading Angle

\pm 220°

VEHICLE SPECIFICATIONS

VEHICLE 1

Wheelbase

257 cm

Overall Length

491 cm

Overall Width

188 cm

Weight

1493 + 55 + 0 = 1548 kg

Curb Occupant(s) Cargo

Engine Displacement

3.4 L

Drive System

RWD

Size

3

Stiffness

3

VEHICLE 2

Wheelbase

255 cm

Overall Length

453 cm

Overall Width

168 cm

Weight

1138 + 245 + 0 = 1383 kg

Curb Occupant(s) Cargo

Engine Displacement

2.5 L

Drive System

FWD

Size

2

Stiffness

9

DAMAGE INFORMATION

VEHICLE 1

Damage Known?

Y

Damage Length

148 cm

Damage Offset

\oplus 19.5 cm

Crush Depth:

C1 0 cm

C2 0 cm

C3 1 cm

C4 2 cm

C5 2 cm

C6 9 cm

VEHICLE 2

Damage Known?

Y

Damage Length

154 cm

Damage Offset

\oplus 48 cm

Crush Depth:

C1 0 cm

C2 0 cm

C3 0 cm

C4 1 cm

C5 2 cm

C6 22 cm

SCENE INFORMATIONRest and Impact Positions ☐ No ☒ Yes**VEHICLE 1**

Rest X _____ m
 Position Y _____ m
 Heading Angle _____ °
 Impact X _____ m
 Position Y _____ m
 Heading Angle _____ °
 Slip Angle (-180 to +180) _____ °

VEHICLE 2

Rest X _____ m
 Position Y _____ m
 Heading Angle _____ °
 Impact X _____ m
 Position Y _____ m
 Heading Angle _____ °
 Slip Angle (-180 to +180) _____ °

VEHICLE MOTIONSustained Contact ☐ No ☒ Yes**VEHICLE 1**Vehicle Rotation ☐ No ☒ YesRotation Stop Before Rest ☐ No ☐ Yes

End of Rotation X _____ m

Position Y _____ m

Heading Angle _____ °

Curved Path ☐ No ☒ Yes

Point on Path

X _____ m Y _____ m

Rotation Direction ☐ None ☐ CW ☐ CCWRotation > 360° ☐ No ☐ YesSustained Contact ☐ No ☒ Yes**VEHICLE 2**Vehicle Rotation ☐ No ☒ YesRotation Stop Before Rest ☐ No ☐ Yes

End of Rotation X _____ m

Position Y _____ m

Heading Angle _____ °

Curved Path ☐ No ☒ Yes

Point on Path

X _____ m Y _____ m

Rotation Direction ☐ None ☐ CW ☐ CCWRotation > 360° ☐ No ☐ Yes**FRICTION INFORMATION**

Coefficient of Friction _____

Rolling Resistance Option _____

1**Vehicle 1 Rolling Resistance**

LF _____
 RF _____
 LR _____
 RR _____

Vehicle 2 Rolling Resistance

LF _____
 RF _____
 LR _____
 RR _____

IF THIS COMMON IMPACT WAS WITH A CDS VEHICLE NOT IN TRANSPORT, FILL IN THE INFORMATION BELOW.

Model Year: _____

Make: _____

Model: _____

VIN: _____

The Weight, CDC, Scene Data and Damage Information for this vehicle should be recorded above.

Complete and ATTACH the appropriate
damage sketch and dimensions to the form

Summary of Results Using Damage

Special Crash Investigations, TRC/IU 96-26, Task 0068

Speed Change
(Damage)

Vehicle #1

Total 12 km/h (7 mph)
 Longitudinal -12 km/h (-7 mph)
 Latitudinal 2 km/h (1 mph)
 PDOF Angle -10 °
 Energy Dissipated = 10155 Joules (7489 Ft-Lb)
 Barrier Equivalent Speed = 10.8 km/h (6.7 mph)
 Calculated using size and stiffness categories.

Vehicle #2

Total 13 km/h (8 mph)
 Longitudinal -12 km/h (-7 mph)
 Latitudinal -6 km/h (-3 mph)
 PDOF Angle 25 °
 Energy Dissipated = 11544 Joules (8513 Ft-Lb)
 Barrier Equivalent Speed = 14.6 km/h (9.1 mph)
 Calculated using size and stiffness categories.

General Information

	Vehicle #1	Vehicle #2
Year	1995	1988
Make	Chevrolet	Plymouth
Model	Camaro	Reliant
CDC	12FZEW1	01FREE3
Side Damaged	F	F
PDOF Angle	-10 °	25 °
Heading Angle	75 °	220 °
Calculation method:	Size and Stiffness	Size and Stiffness
Size Category	3	2
Stiffness Category	3	9
Vehicle Weight	1548 kgs (3413 lbs)	1383 kgs (3049 lbs)

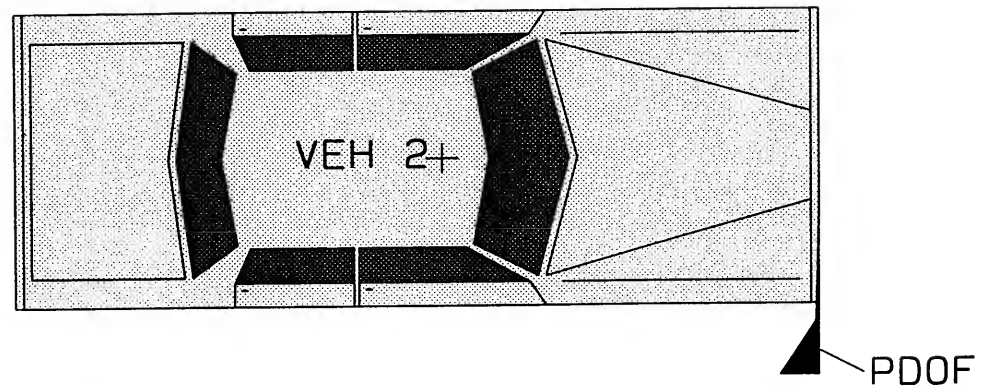
Damage Information

	Vehicle #1	Vehicle #2
	Yes	Yes
Vehicle Damage Known		
Crush Length	148.0 cm (58 in)	154.0 cm (61 in)
C1	0.0 cm (0 in)	0.0 cm (0 in)
C2	0.1 cm (0 in)	0.1 cm (0 in)
C3	1.0 cm (0 in)	0.1 cm (0 in)
C4	2.0 cm (1 in)	1.0 cm (0 in)
C5	2.0 cm (1 in)	2.0 cm (1 in)
C6	9.0 cm (4 in)	22.0 cm (9 in)
D	19.5 cm (8 in)	48.0 cm (19 in)
D'	59.9 cm (24 in)	106.9 cm (42 in)

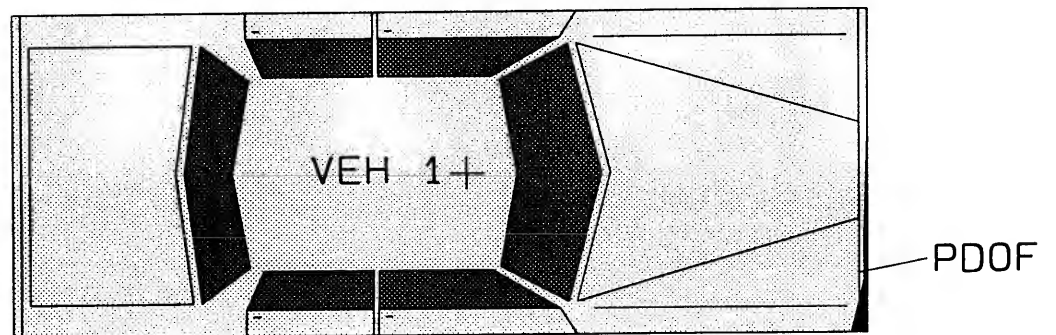
Vehicle Dimensions

	Vehicle #1	Vehicle #2
Length	490.8 cm (193 in)	453.3 cm (178 in)
Width	188.3 cm (74 in)	168.0 cm (66 in)
Wheelbase	256.6 cm (101 in)	254.9 cm (100 in)
Weight	1548 kgs (3413 lbs)	1383 kgs (3049 lbs)
CG to Front of Veh	228.1 cm (90 in)	211.6 cm (83 in)
Engine Displacement	3.4 liters	2.5 liters
Moment of Inertia	336700 kgs (29802 lbs)	256777 kgs (22728 lbs)
Vehicle Mass	1548 kgs (8.9 lb-s ² /in)	1383 kgs (7.9 lb-s ² /in)

1988 Plymouth Reliant



1995 Chevrolet Camaro



TRC VECTOR ANALYSIS ITERATIONS

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-26

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	①	
Ln. Axis Heading Angle	75	220		
CG Heading Angle	75	220		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	0	0		
Weight-Vehicle Curb Wt	1493	1138		
Weight-Passenger(s)	55	245		
Weight-Total	1548	1383		
Estimated Speed	16 (10)	8 (5)	(m.p.h.)	
Momentum	24768	11064		
PDOF (Degrees)	-11	24		
PDOF (Clock Direction)	12	1		
Theoretical Delta V	10.9	12.2		
Theoretical Common Vel.		5.8	Post-Crash CG Heading	97

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-26

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	②	
Ln. Axis Heading Angle	75	220		
CG Heading Angle	75	220		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	0	0		
Weight-Vehicle Curb Wt	1493	1138		
Weight-Passenger(s)	55	245		
Weight-Total	1548	1383		
Estimated Speed	24 (15)	8 (5)	(m.p.h.)	
Momentum	37152	11064		
PDOF (Degrees)	-8	27		
PDOF (Clock Direction)	12	1		
Theoretical Delta V	14.6	16.3		
Theoretical Common Vel.		9.8	Post-Crash CG Heading	88

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-26

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	(3)	
Ln. Axis Heading Angle	75	220		
CG Heading Angle	75	220		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	0	0		
Weight-Vehicle Curb Wt	1493	1138		
Weight-Passenger(s)	55	245		
Weight-Total	1548	1383		
Estimated Speed	32 (20)	8 (5) (m.p.h.)		
Momentum	49536	11064		
PDOF (Degrees)	-6	29		
PDOF (Clock Direction)	12	1		
Theoretical Delta V	18.3	20.5		
Theoretical Common Vel.	14.0	Post-Crash CG Heading	84	

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-26

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	(4)	
Ln. Axis Heading Angle	75	220		
CG Heading Angle	75	220		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	0	0		
Weight-Vehicle Curb Wt	1493	1138		
Weight-Passenger(s)	55	245		
Weight-Total	1548	1383		
Estimated Speed	40 (25)	8 (5) (m.p.h.)		
Momentum	61920	11064		
PDOF (Degrees)	-5	30		
PDOF (Clock Direction)	12	1		
Theoretical Delta V	22.1	24.7		
Theoretical Common Vel.	18.2	Post-Crash CG Heading	82	

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-26

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	(5)	
Ln. Axis Heading Angle	75	220		
CG Heading Angle	75	220		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	0	0		
Weight-Vehicle Curb Wt	1493	1138		
Weight-Passenger(s)	55	245		
Weight-Total	1548	1383		
Estimated Speed	16 (10)	16 (10) (m.p.h.)		
Momentum	24768	22128		
PDOF (Degrees)	-16	19		
PDOF (Clock Direction)	11	1		
Theoretical Delta V	14.4	16.1		
Theoretical Common Vel.		4.9	Post-Crash CG Heading	137

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-26

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	(6)	
Ln. Axis Heading Angle	75	220		
CG Heading Angle	75	220		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	0	0		
Weight-Vehicle Curb Wt	1493	1138		
Weight-Passenger(s)	55	245		
Weight-Total	1548	1383		
Estimated Speed	24 (15)	16 (10) (m.p.h.)		
Momentum	37152	22128		
PDOF (Degrees)	-13	22		
PDOF (Clock Direction)	12	1		
Theoretical Delta V	18.0	20.2		
Theoretical Common Vel.		7.8	Post-Crash CG Heading	109

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-26

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	(7)	
Ln. Axis Heading Angle	75	220		
CG Heading Angle	75	220		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	0	0		
Weight-Vehicle Curb Wt	1493	1138		
Weight-Passenger(s)	55	245		
Weight-Total	1548	1383		
Estimated Speed	32 (20)	16 (10) (m.p.h.)		
Momentum	49536	22128		
PDOF (Degrees)	-11	24		
PDOF (Clock Direction)	12	1		
Theoretical Delta V	21.7	24.3		
Theoretical Common Vel.		11.6	Post-Crash CG Heading	97

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-26

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	(8)	
Ln. Axis Heading Angle	75	220		
CG Heading Angle	75	220		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	0	0		
Weight-Vehicle Curb Wt	1493	1138		
Weight-Passenger(s)	55	245		
Weight-Total	1548	1383		
Estimated Speed	40 (25)	16 (10) (m.p.h.)		
Momentum	61920	22128		
PDOF (Degrees)	-9	26		
PDOF (Clock Direction)	12	1		
Theoretical Delta V	25.4	28.5		
Theoretical Common Vel.		15.6	Post-Crash CG Heading	91

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-26

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	(9)	
Ln. Axis Heading Angle	75	220		
CG Heading Angle	75	220		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	0	0		
Weight-Vehicle Curb Wt	1493	1138		
Weight-Passenger(s)	55	245		
Weight-Total	1548	1383		
Estimated Speed	16 (10)	24 (15) (m.p.h.)		
Momentum	24768	33192		
PDOF (Degrees)	-20	15		
PDOF (Clock Direction)	11	1		
Theoretical Delta V	18.0	20.2		
Theoretical Common Vel.		6.5	Post-Crash CG Heading	172

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-26

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	(10)	
Ln. Axis Heading Angle	75	220		
CG Heading Angle	75	220		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	0	0		
Weight-Vehicle Curb Wt	1493	1138		
Weight-Passenger(s)	55	245		
Weight-Total	1548	1383		
Estimated Speed	24 (15)	24 (15) (m.p.h.)		
Momentum	37152	33192		
PDOF (Degrees)	-16	19		
PDOF (Clock Direction)	11	1		
Theoretical Delta V	21.6	24.2		
Theoretical Common Vel.		7.3	Post-Crash CG Heading	137

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-26

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)
Ln. Axis Heading Angle	75	220
CG Heading Angle	75	220
CRASH 3 Slip Angle	0	0
Weight-Cargo	0	0
Weight-Vehicle Curb Wt	1493	1138
Weight-Passenger(s)	55	245
Weight-Total	1548	1383
Estimated Speed	32 (20)	24 (15) (m.p.h.)
Momentum	49536	33192
PDOF (Degrees)	-14	21
PDOF (Clock Direction)	12	1
Theoretical Delta V	25.2	28.2
Theoretical Common Vel.	10.0	Post-Crash CG Heading 115

(11)

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-26

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)
Ln. Axis Heading Angle	75	220
CG Heading Angle	75	220
CRASH 3 Slip Angle	0	0
Weight-Cargo	0	0
Weight-Vehicle Curb Wt	1493	1138
Weight-Passenger(s)	55	245
Weight-Total	1548	1383
Estimated Speed	40 (25)	24 (15) (m.p.h.)
Momentum	61920	33192
PDOF (Degrees)	-12	23
PDOF (Clock Direction)	12	1
Theoretical Delta V	28.9	32.3
Theoretical Common Vel.	13.5	Post-Crash CG Heading 104

(12)

TRC VECTOR ANALYSIS PROGRAM

PDOF (Direction of Principal Force) is assigned based on the vehicular crush. Heading Angles are assigned based on scene evidence and Police Accident Reported crash configurations. This program was created to enable researchers in the NASS CDS to assess the compatibility of their assigned vehicle PDOFs and heading angles. When two vehicles are involved in an impact, researchers were often times submitting PDOFs that were not compatible with their heading angle assignments, indicating a lack of understanding of basic vector analysis concepts. Subsequently, the TRC has used this program to help verify our field PDOF assignments by making logical changes in the reconstructed crash configuration and determining the affect these changes have on PDOF.

Principal: This program is based on the geometric triangle rule (i.e., the sum of the three angles of a triangle must equal 180 degrees). The direction of one vehicle's (e.g., the case vehicle or Vehicle #1) CG (i.e., Center of Gravity) forms one side of the triangle. The direction of the other vehicle's (e.g., Vehicle #2) CG forms a second side of the triangle. The third side of the triangle is then formed by each vehicle's respective PDOF because the forces are assumed to act collinear.

Assumptions: It is assumed that each vehicle's weight can be represented by a *"point-mass"*. It is assumed that the vector force acting on each vehicle goes through the center of gravity (i.e., CG) of the vehicle. Further, it is assumed that the vehicles move off together joined as one object. This program does not take into affect the mass reduction that occurs in other reconstruction programs since its primary purpose is to check the compatibility of the field determined PDOF and Heading Angle.

Inputs: Heading Angle, Slip Angle (*"Yaw"*), Weights (Curb Weight, Cargo Weight, and Weight of all occupants), and Speed

Outputs: This program's primary output is each vehicle's theoretical PDOF, presented in both degrees and CDC clock directions. Other outputs include a theoretical Delta V and a theoretical Common Velocity. The theoretical Delta V shows the maximum Delta V for the given speeds and weights assuming a dead center impact. For special crash investigation purposes, the last two outputs should be essentially ignored.

Use: The TRC uses this program on nonaxial collisions involving two vehicles to vary the *"less established inputs"* in order to determine what theoretical affect these changes have on our field observed PDOFs. The most solid input is the weights of the respective vehicles. Even though the cargo weight is rarely accurately known, its order of magnitude is such that in the vast majority of crashes its affect is minor. The next solid inputs are the vehicle's heading angle and slip angle. In most cases these are fairly well known from the available physical evidence. The least solid input is the vehicle's speed. The submitted iterations show the inputs and what variations to those inputs that the TRC took into consideration. The PDOF outcomes are then compared with our field observed PDOF and adjustments are made, if necessary, in our final coding.

Purpose: This program is but one more tool in the hands of a researcher aimed at providing the best data.

Appendix B:

**LETTER FROM GENERAL MOTORS
DETAILING THE RESULTS OF AN INSPECTION OF
THE CASE VEHICLE'S
DIAGNOSTIC ENERGY RESERVE MODULE (DERM)**

1996

RE: [REDACTED] - Vehicle Inspection (Claim [REDACTED])

Dear [REDACTED] :

Per your request, the following is a summary of the vehicle inspection conducted in this matter.

Vehicle

On [REDACTED] 1996, I conducted an inspection of a 1995 Chevrolet Camaro with VIN 2G1FP225X2[REDACTED] at [REDACTED] Chevrolet in [REDACTED]. The inspection was limited to the vehicle's electrical system; specifically the portion of the electrical system related to the Supplemental Inflatable Restraint (SIR). I took no photographs during the inspection.

Fuse Panel

The cover was removed from the passenger compartment fuse panel and a visual inspection was made of the fuses. Fuse #11 (cigar/horn) was a 30 Ampere fuse. Both the diagram on the fuse panel cover and the Service Manual for the vehicle indicated that the capacity should have been 20 Amperes.

Each fuse was removed, one at a time, and visually inspected. All fuses appeared to be intact, except fuse #11 which was open (blown).

Fuse #11 was removed and the circuit it protected was checked for a short using a volt/ohm meter. No short was found and the blown fuse was replaced with a good 25 ampere fuse.

Diagnostic Energy Reserve Module (DERM)

When the ignition key was turned on, the SIR lamp flashed 7 times and stayed ON. This is a normal condition for a vehicle where the air bags have deployed and the vehicle has not been repaired.

The Event Data Recorder Unit (EDRU) was connected to the vehicle via the Assembly Line Diagnostic Link (ALDL) and the DERM service diagnostics were completed. Three copies of the "Trouble Codes," "Data List," and "EEPROM Data" were printed and labeled.

The Driver's seat belt buckle was latched and unlatched several times. The DERM correctly indicated the position of the latch each time.

J1996

DERM Data

Trouble Codes - The trouble codes indicate the status of the SIR system at the point in time they were being read. The trouble codes were:

1. Code 17 (Current) "Passenger initiator circuit open" - This is a normal observation after the initiator has been activated to deploy the bag.
2. Code 24 (History) "Initiator voltage low" - This code was flagged as a "history" code, which means that the condition existed at some point after the deployment event but did not exist at the time the data was being read. This is also a normal observation given that there was a deployment event.
3. Code 51 (Current) "Crash detected" - This indicates that a deployment event has occurred.

Data List - The data list consists of 62 items indicating the current status of the DERM and the associated SIR electrical system.

EEPROM Data - The EEPROM data is a list of data that has been stored in non-volatile memory and is retained even if battery power is disconnected from the DERM. This data reflects the status of the DERM at two points in time: current (when the data was read) and at the time the bag deploy event occurred.

In addition to the trouble codes discussed above, the current data contained information about the ignition cycle counter and the status of the SIR lamp. There were 3744 ignition cycles on the DERM at the time the data was read and the SIR lamp had been on continuously (when the ignition key was on) for 62 minutes.

The data associated with the deploy event indicates:

1. The Arming sensor closed first;
2. The SIR lamp had not been ON prior to the deployment;
3. There were no trouble codes stored at the time of deployment;
4. The deployment occurred on ignition cycle 3737 (7 cycles prior to the cycle on which the data was read);
5. There was sufficient overlap time of the SIR sensors to deploy the bags;
6. The Arming sensor closed approximately 42 milliseconds before the discriminating sensor; and
7. The driver's seat belt was not fastened at the time of deployment.

Summary

Based on the information gathered at this inspection, it appears that there was no problem with the SIR system of the vehicle. The SIR system functioned as intended both before and during the deployment event. At the time of deployment, the DERM recorded the driver's seat belt status as: not fastened.

If I can be of any further assistance, please call me at


Sincerely,

TRANSPORTATION RESEARCH CENTER

Indiana University
Bloomington, Indiana 47403-1501

SELECTED PHOTOGRAPHS

A total of eighty-two color copies of photographs are presented and referenced as Photograph #01 through Photograph #82. Photographs numbered #01 through #10 were taken and made available by the applicable city police department. Photographs numbered #11 through #82 were taken by the Transportation Research Center.

CASE NO. - 96-26
FLEET - PRIVATE VEHICLE
LOCATION -
ACCIDENT DATE - , 1996

Submitted By:

Senior Staff Associate
and

Associate Scientist

, 1997

Revised Submission:

, 2001

Contract Number: DTNH22-94-D-17058

Prepared for:

U.S. Department of Transportation
National Highway Traffic Safety Administration
National Center for Statistics and Analysis
Washington, D.C. 20590-0003



01: On-scene south-southeastward view of Case Vehicle and vehicle #2 at final rest;
NOTE: arrow points to Case vehicle



02: On-scene closer-up view, looking south from intersecting street, of Case Vehicle and Vehicle #2 at final rest



03: On-scene southeastward view of Case Vehicle and Vehicle #2 at final rest;
NOTE: Reference Point (i.e., utility pole) at left in photo



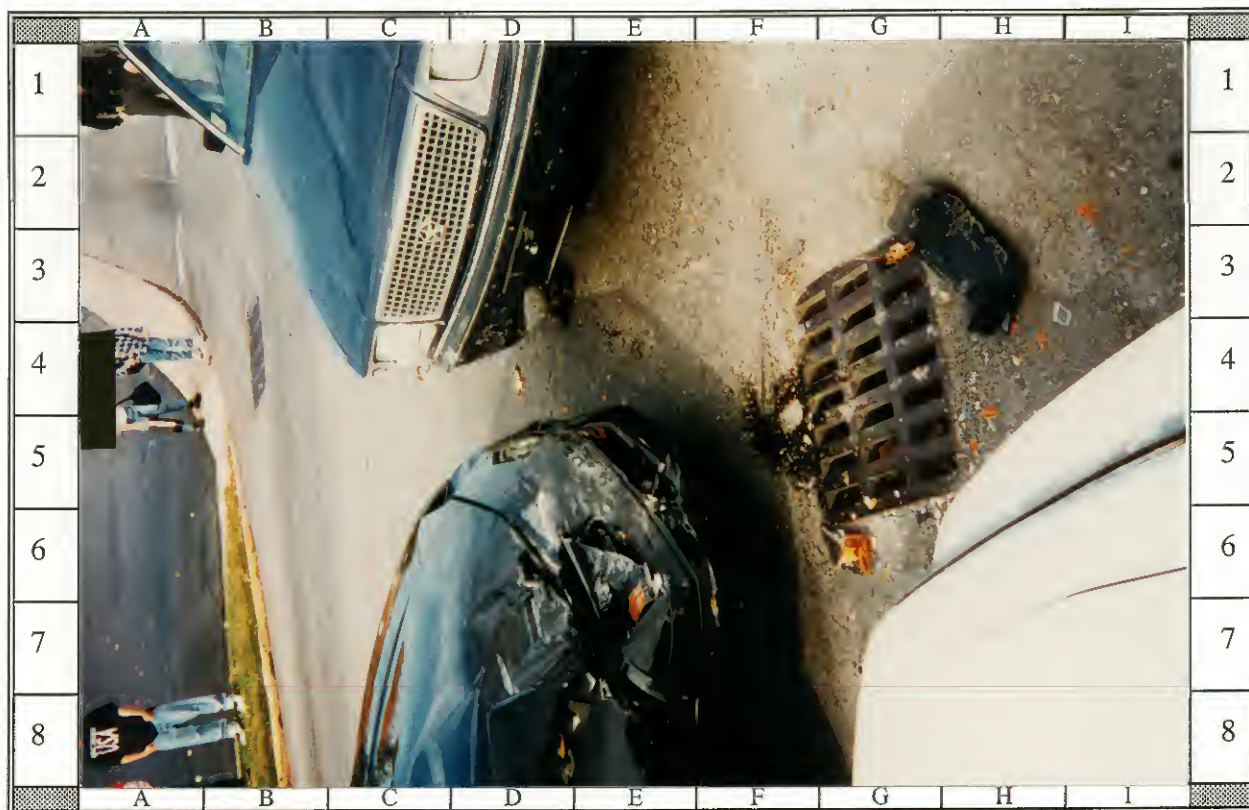
04: On-scene closer-up view, looking southeast, of Case Vehicle and Vehicle #2 at final rest



05: On-scene vertical close-up view, looking southeast, at Vehicle #2's direct front right damage area while at final rest



06: On-scene northward view of Case Vehicle and Vehicle #2 at final rest; NOTE: Vehicle #2 driven backwards approximately 1.8 meters (6 feet) after the crash



07: On-scene vertical view, looking north-northwest, of Case Vehicle and Vehicle #2 at final rest near drainage grate



08: On-scene vertical view, looking north-northeast, of tire scuff from Vehicle #2's left front tire which occurred at maximum engagement with case vehicle



09: On-scene westward view, from south roadside, of Case Vehicle and Vehicle #2 at final rest



10: On-scene closer-up view, looking west-northwest, of Case Vehicle and Vehicle #2 at final rest near drainage grate showing Case Vehicle's front right damage



11: Case Vehicle’s east-northeastward travel path in eastbound through lane approximately 30 meters (98 feet) west of intersection



12: Case Vehicle’s east-northeastward travel path approximately 8 meters (26 feet) from impact



13: Case Vehicle's east-northeastward travel path approximately 4 meters (13 feet) from impact



14: Case Vehicle's east-northeastward travel path approximately 2 meters (7 feet) from point of impact near grate



15: West-southwestward view of Case Vehicle's east-northeastward travel path viewed from just east of impact area near grate in roadway



16: Northwestward view of Case Vehicle's approximate point of impact near grate in roadway; NOTE: compare with photograph #10 above



17: Vehicle #2's west-southwestward travel path in left (southbound) turn lane approximately 30 meters (98 feet) east of impact



18: Vehicle #2's west-southwestward travel path in left (southbound) turn lane approximately 20 meters (66 feet) east of impact



19: Vehicle #2's west-southwestward travel path in left (southbound) turn lane approximately 8 meters (26 feet) east of impact



20: Vehicle #2's southwestward travel path while turning left (southbound) approximately 5 meters (16 feet) east of impact near drainage grate



21: Northeastward view of Vehicle #2's southwestward travel path during left-hand turn viewed from just southwest of impact area near grate in roadway



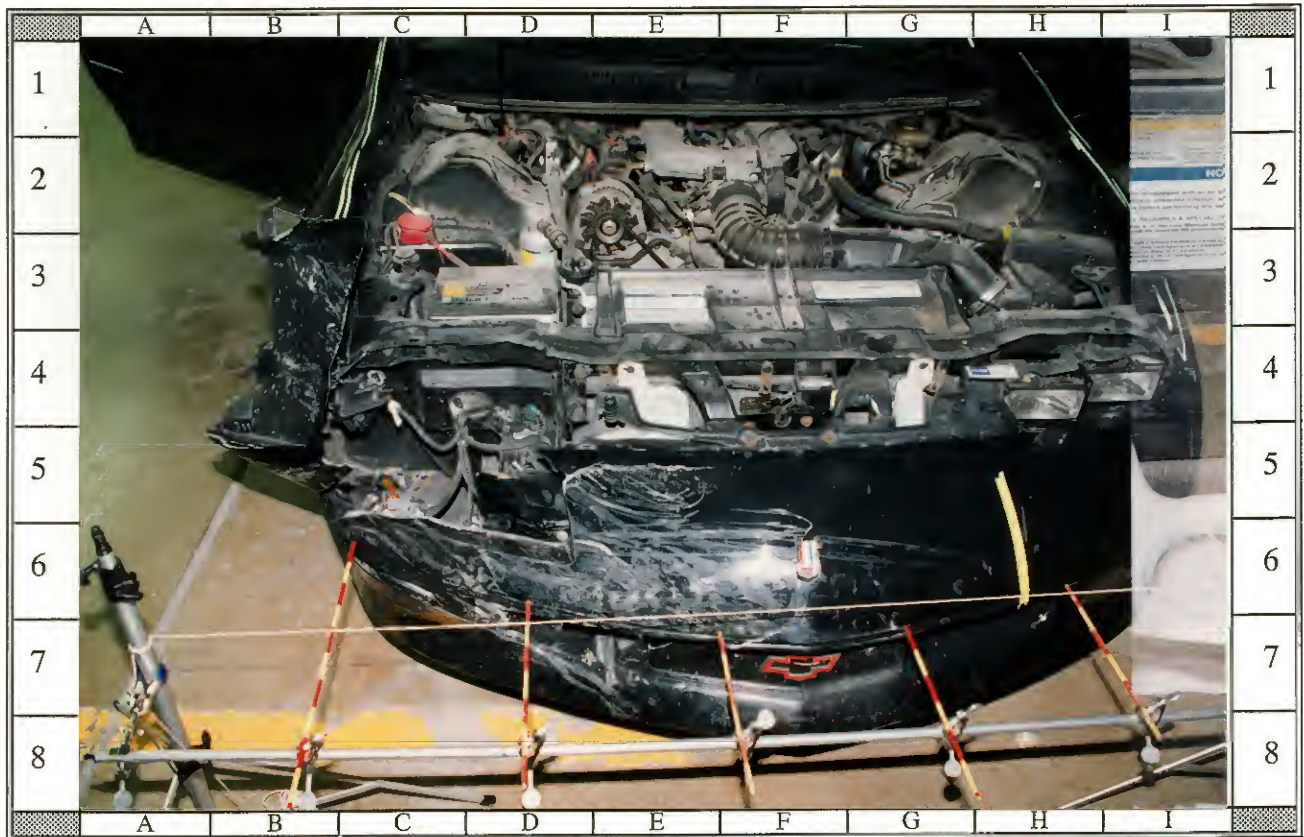
22: East-northeastward view of Vehicle #2's west-southwestward travel path in left-hand turn lane prior to turning



23: Case Vehicle's damaged front with contour gauge present; NOTE: direct damage extends from front right bumper corner to yellow tape



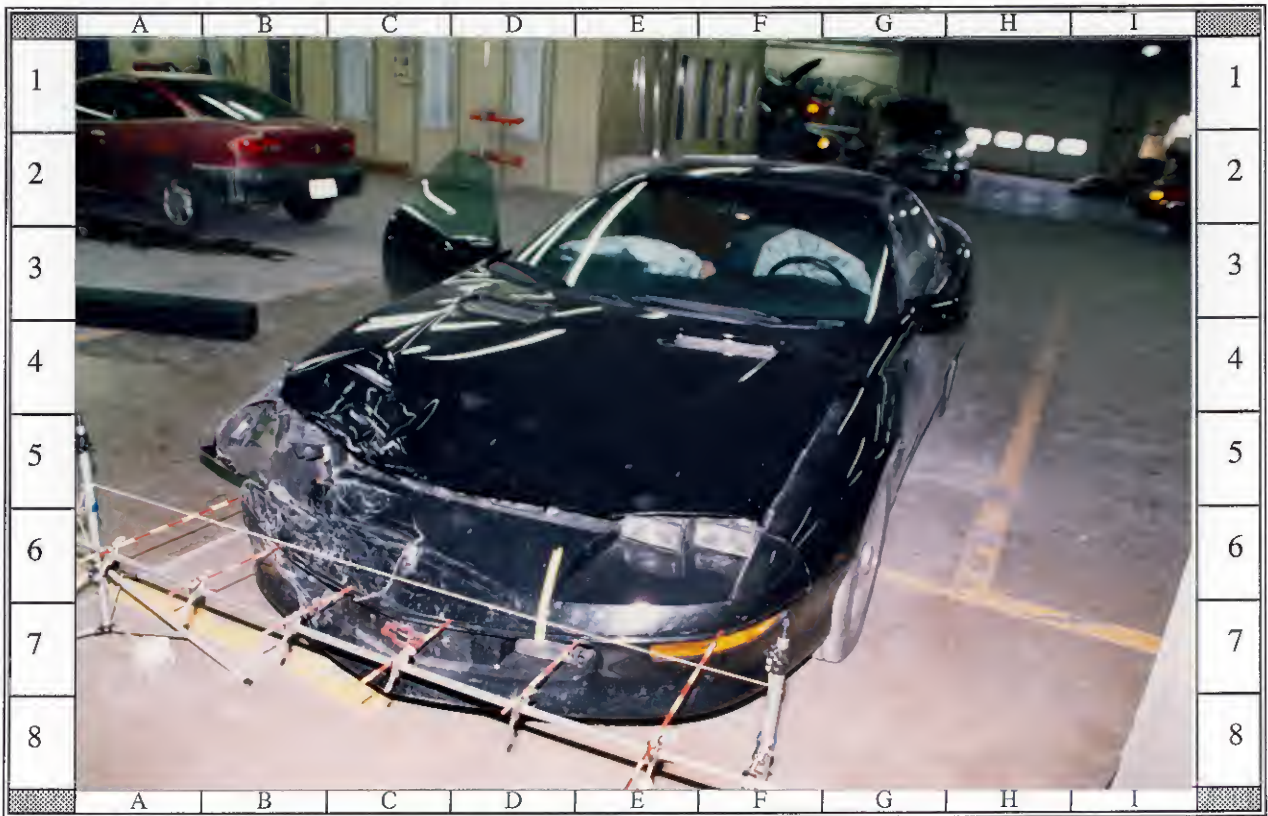
24: Close-up bumper level view of Case Vehicle's damaged front with contour gauge present; NOTE: direct damage extends from front right bumper corner to tape



25: Case Vehicle's damaged front with contour gauge present and hood raised



26: Close-up view of Case Vehicle's air bag sensor module (E5)



27: Case Vehicle's frontal damage viewed from approximately 15 degrees left of front



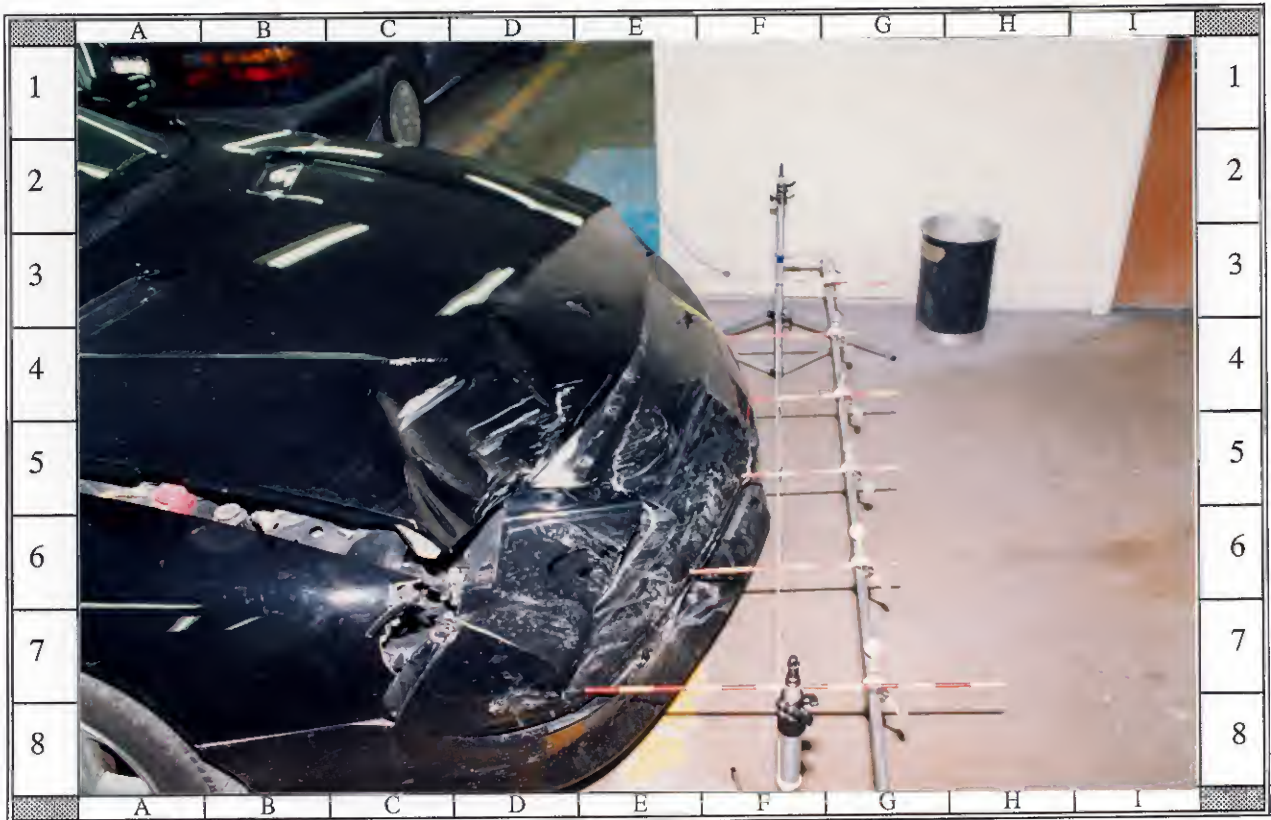
28: Case Vehicle's undamaged back viewed from approximately 30 degrees left of back



29: General Motor's air bag diagnostic system which was hooked-up to read Case Vehicle's SDM (i.e., Sensing and Diagnostic Module)



30: Case Vehicle's undamaged back and right side viewed from approximately 30 degrees right of back



31: Reference line view of Case Vehicle's damaged front viewed from right



32: Case Vehicle's frontal damage showing direct damage which begins right of yellow tape, viewed from approximately 15 degrees right of front



33: Interior surface of Case Vehicle's driver side door and driver's seating area viewed from outside; NOTE: no contact evidence on door panel



34: Case Vehicle's driver side seatbelt latch showing evidence of prior usage



35: Case Vehicle's toe pan area, steering column, dash, and deployed driver side air bag viewed from left; NOTE: numerous marks to knee bolster



36: Case Vehicle's toe pan area, steering column, dash, and deployed driver side air bag viewed from right; NOTE: numerous marks to knee bolster



37: Case Vehicle's deployed driver and right front passenger side air bags; NOTE: "V"-shaped yellow tape indicates suspected area of contact on driver's air bag



38: Close-up of Case Vehicle's driver side air bag showing suspected area of contact (i.e., oil and skin evidence)



39: Vertical view of Case Vehicle's driver side seating area showing contact to roof (i.e., broken sunvisor); NOTE: "T"-roof with outboard glazing



40: Close-up of contact mark on Case Vehicle's roof over driver's position near sunvisor's anchor; NOTE: sunvisor broken off



41: Vertical close-up of suspected mucous on Case Vehicle's roof near driver's side roof glazing and above left edge of rearview mirror



42: Underneath side of Case Vehicle's broken off driver side sunvisor; NOTE: sunvisor laid on hatchback



43: Close-up of underneath side of Case Vehicle's broken off driver side sunvisor showing contact mark (D-3); NOTE: sunvisor was down at time of impact



44: Front side of Case Vehicle's broken off driver side sunvisor; NOTE: sunvisor laid on hatchback and elastic storage band on front



45: Vertical view of Case Vehicle's center console and dash, "T"-roof, and deployed front air bags; NOTE: automatic transmission selector lever and contact on roof



46: Vertical view of Case Vehicle's right front greenhouse area showing deployed air bag, grease smears to windshield and cover flap, and right front sunvisor



47: Close-up of two marks on Case Vehicle's right windshield; NOTE: one on left is from cover flap the other's source is unknown



48: Close-up of oil transfer (i.e., to right of tape) on Case Vehicle's right front passenger side air bag module's mid-instrument panel mounted cover flap



49: Front center close-up view of Case Vehicle's passenger side air bag module's cover flap showing grease smudge; NOTE: tether connected to cover flap



50: Underneath side of Case Vehicle's right front passenger side air bag module's cover flap; NOTE: crack perpendicular to oil smudge on front edge



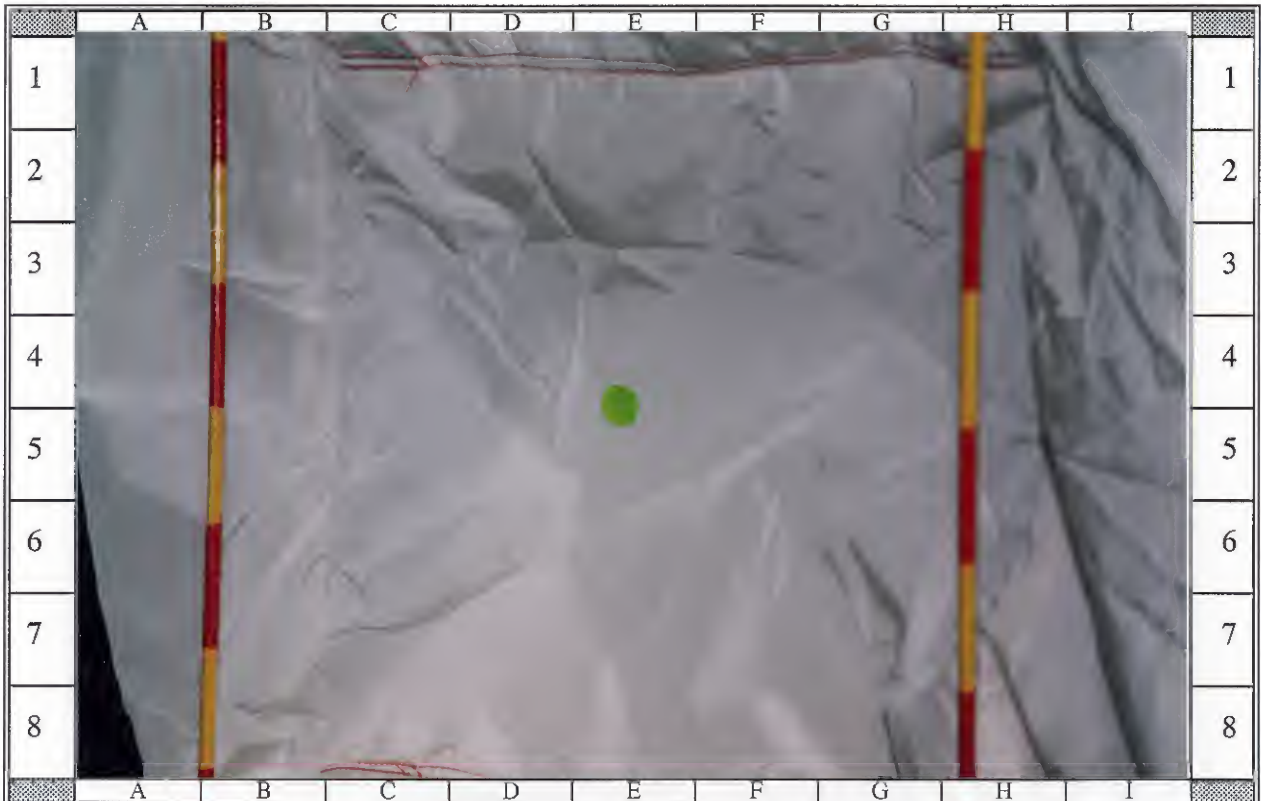
51: Case Vehicle's glove box door showing scuff (i.e., on left side of dot) toward right side of glove box



52: Vertical view of Case Vehicle's deployed right front air bag viewed from center rear area; NOTE: contact evidence near dot, "T"-roof glazing, and sunvisor



53: Case Vehicle's deployed right front air bag viewed from outside right front door;
NOTE: evidence of contact near dot on air bag and glovebox



54: Close-up of contacted area to Case Vehicle's deployed right front air bag showing possible oil and skin transfer



55: Case Vehicle's right front passenger seating area showing reclined seatback position and seatbelt; NOTE: blood spot on seat cushion near straw



56: Close-up of blood spot on Case Vehicle's right front seat cushion



57: Close-up of front side of Case Vehicle's right front seatbelt latch plate showing no signs of usage during crash and very little sign of previous usage



58: Close-up of backside of Case Vehicle's right front seatbelt latch plate showing no signs of usage during crash



59: Interior surface of Case Vehicle's right front door, passenger's seating area, and deployed air bag viewed from outside; NOTE: no contact evidence on door panel



60: Case Vehicle's rear seat showing two seating positions equipped with three-point safety belts and neither rear windows nor head restraints



61: Vehicle #2's frontal damage with contour gauge present at bumper level



62: Vehicle #2's frontal damage with contour gauge present, viewed from approximately 30 degrees left of front; NOTE: induced damage to left fender



63: Reference line view of vehicle #2's frontal damage, viewed from left, with contour gauge present at bumper level



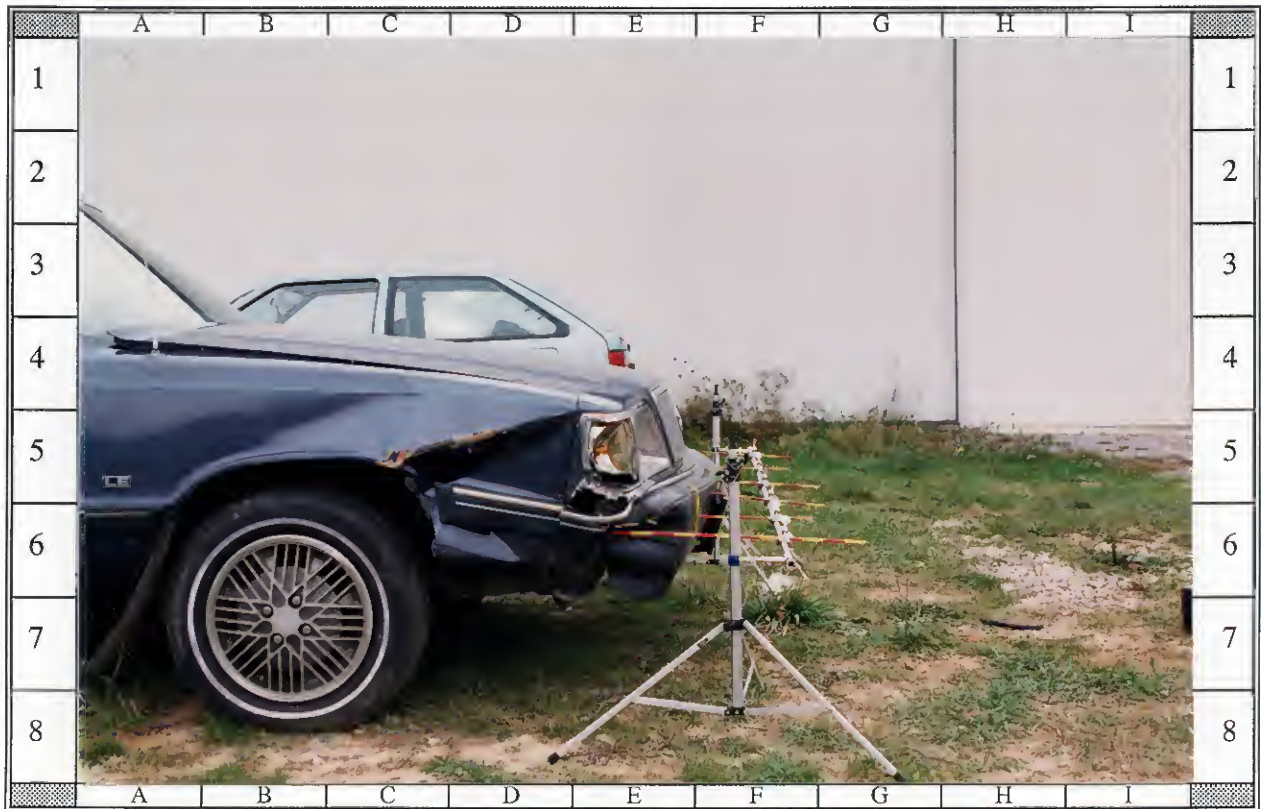
64: Vertical close-up view of reference line of Vehicle #2's frontal damage, viewed from left, with contour gauge present at bumper level



65: Vehicle #2's undamaged left side (except fender) and back, viewed from approximately 30 degrees left of back



66: Vehicle #2's undamaged right side (except fender) and back, viewed from approximately 30 degrees right of back



67: Reference line view of Vehicle #2's deformed front, viewed from right, with contour gauge present at bumper level



68: Vehicle #2's frontal damage with contour gauge present, viewed from approximately 30 degrees right of front; NOTE: direct damage to right fender



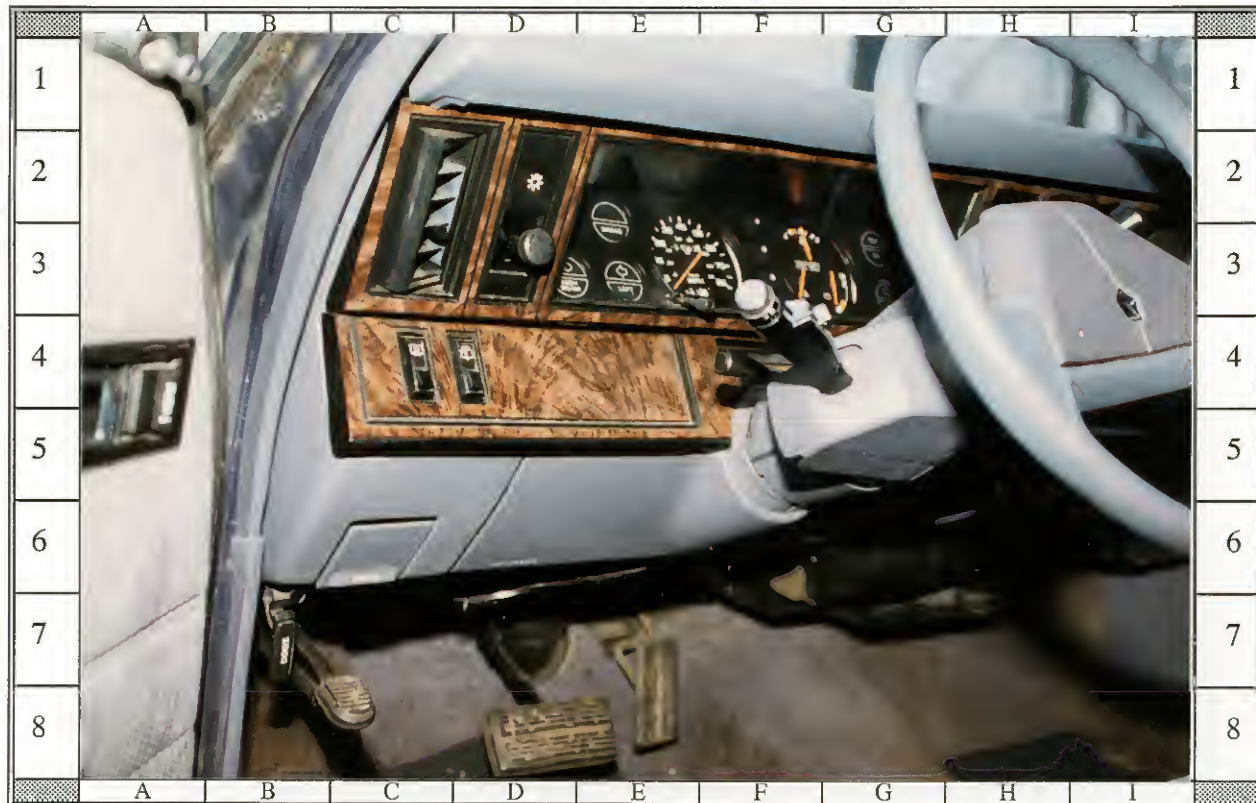
69: Close-up view of Vehicle #2's front right corner damage viewed from approximately 15 degrees right of front



70: Close-up of direct damage to Vehicle #2's front right corner viewed from front;
NOTE: direct damage extends from yellow tape rightward to corner



71: Interior surface of Vehicle #2's driver side door and driver's seating area viewed from outside; NOTE: no contact evidence on door panel



72: Vehicle #2's steering column, toe pan, lower dash, and instrument panel showing no evidence of contact



73: Vertical view of Vehicle #2's driver seating area and greenhouse showing cracked windshield, broken off rearview mirror, and no contacts to rim or sunvisor



74: Close-up of Vehicle #2's cracked windshield and rearview mirror's location mark;
NOTE: windshield cracked by rearview mirror being knocked into it by driver



75: Close-up of Vehicle #2's broken off, contacted, and cracked rearview mirror



76: Vertical view of Vehicle #2's right front passenger seating area and greenhouse showing no visible evidence of contact



77: Vehicle #2's front seating area, greenhouse, steering wheel, and dash, viewed from right; NOTE: three front seating positions and no clutch pedal



78: Interior surface of Vehicle #2's right front door and passenger's seating area viewed from outside; NOTE: no contact evidence on door panel



79: Interior surface of Vehicle #2's right rear door and seating area viewed from outside; NOTE: no contact evidence on door panel or front seat backs



80: Interior surface of Vehicle #2's left rear door and seating area viewed from outside; NOTE: contact evidence to left window (i.e., tape)



81: Close-up of make-up smear on Vehicle #2's left rear door glazing



82: Close-up of Vehicle #2's front seat backs showing no evidence of contact; NOTE: adjustable front seat head restraints and outboard three-point safety belts

TRANSPORTATION RESEARCH CENTER

Indiana University
Bloomington, Indiana 47403-1501

ON-SITE AIR BAG INVESTIGATION

NASS CDS FORMS AND MEDICAL RECORDS

CASE NO. - 96-26
FLEET - PRIVATE VEHICLE
LOCATION -
ACCIDENT DATE - , 1996

Submitted By:

Senior Staff Associate
and

Associate Scientist

, 1997

Revised Submission:

, 2001

Contract Number: DTNH22-94-D-17058

Prepared for:

U.S. Department of Transportation
National Highway Traffic Safety Administration
National Center for Statistics and Analysis
Washington, D.C. 20590-0003

POLICE ACCIDENT REPORT

BEST AVAILABLE

LOCAL FILE NO.

HSY 7001

LOCAL REPORT NO.		DESCRIBE WHAT HAPPENED REFER TO UNITS BY NUMBER							
<p>Unit 1 was eastbound on [REDACTED] approaching [REDACTED]. Unit 2 was westbound on [REDACTED] approaching [REDACTED]. Unit 2 turned left to proceed south on [REDACTED]. Unit 2 turned [REDACTED] of Unit 1 which resulted in Unit 1 and Unit 2 crashing within the intersection.</p>									
WEATHER 1 NO ADVERSE WEATHER 2 RAIN 3 SNOW 4 FOG 5 HIGH WIND 6 OTHER		HARMFUL EVENTS 1 TWO MV IN TRANSPORT 2 HEAD ON 3 REAR-END 4 BACKING 5 ANGLE 6 ONE MV IN TRANSPORT 7 PARKED MOTOR VEH 8 PEDESTRIAN 9 ANIMAL 10 TRAIN 11 PEDALCYCLE 12 OTHER NON-M V 13 FIXED OBJECT 14 OTHER OBJECT 15 (NON-COLLISION) 16 FALL FROM OR IN VEH 17 OVERTURNING 18 OTHER NON-COLLISION							
CONDITIONS 1 DRY 2 WET 3 SNOW 4 ICE 5 DIRT/SAND 6 OTHER		LOCATION 1 INTERSECTION 2 INTERSECTION-RELATED 3 DRIVEWAY ACCESS 4 BRIDGE-PASSING UNDER 5 NON-INTERSECTION							
LIGHT 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK NO LIGHTS 5 DARK-LIGHTED 6 OTHER		ROAD CONTOUR 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE							
ROAD CONTOUR 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE		SPECIAL AREA 1 ROAD CONSTRUCTION 2 MAINTENANCE AREA 3 SCHOOL ZONE							
TYPE OF UNIT 1 CAR 2 SUB-COMPACT 3 MID SIZE 4 FULL SIZE 5 TRUCK 6 PICKUP 7 PANEL/VAN 8 STRAIGHT TRUCK 9 STRAIGHT TRUCK AND TRAILER 10 TRUCK TRACTOR 11 TRACTOR & SEMI-TRAILER 12 TRACTOR & DOUBLE TRAILER 13 MOTORCYCLE 14 MC UP TO 350CC 15 MC 351CC TO 750CC 16 MC OVER 751CC 17 MOTORIZED BICYCLE 18 SCHOOL BUS 19 CHURCH 20 PUBLIC BUS 21 POLICE VEHICLE 22 FIRE TRUCK 23 AMBULANCE/RESCUE 24 TAXI 25 MOTOR HOME 26 TRAIN 27 FARM VEHICLE 28 FARM EQUIPMENT 29 SNOWMOBILE 30 CONSTRUCTION EQUIP 31 ANIMAL W/RIDER 32 BICYCLE 33 ALL OTHERS P - PEDESTRIAN		PRE-CRASH ACTIONS 1 DRIVER ACTIONS 2 GOING STRAIGHT 3 TURNING RIGHT 4 TURNING LEFT 5 TURNING ON RED 6 STOPPED TO TURN 7 STOPPED IN TRAFFIC 8 PARKING/UNPARKING 9 PARKED 10 BACKING 11 PASSING 12 CHANGING LANES 13 MERGING/EXITING RAMP 14 OUT OF CONTROL 15 SWERVING 16 DRIVERLESS VEH 17 OTHER DRV ACTIONS 18 PEDESTRIAN ACTIONS 19 CROSSING IN X-WALK 20 CROSSING OTHER X-WALK 21 WALKING IN ROAD (WITH TRAFFIC) 22 WORKING ON ROAD (AGAINST TRAFFIC) 23 PLAYING IN ROAD 24 ENTERING OR LEAVING VEHICLE 25 PUSHING/WORKING ON VEH IN ROAD 26 OTHER IN ROAD 27 ON SIDEWALK OR SHOULDER		CONTRIBUTING FACTOR 1 DRIVER ERROR 2 NONE 3 FAILURE TO STOP 4 CLOSELY OR ACDA 5 RAN RED LIGHT 6 RAN STOP OR YIELD SIGN 7 IMPROPER TURN 8 IMPROPER PASSING 9 IMPROPER LANE CHANGE 10 IMPROPER BACKING 11 IMPROPER START 12 STOPPED OR FROM PARKED POSITION 13 PARKED ILLEGALLY 14 LEFT OF CENTER 15 FAILURE TO CONTROL 16 DRIVER INATTENTION 17 DROVE OFF ROAD 18 REASON UNKNOWN 19 OTHER DRIVER ERROR 20 NON-DRIVER FACTOR 21 VEHICLE DEFECTS 22 ROAD SHIFTING 23 FALLING, SPILLING 24 WIND 25 WHEELER DEFECT 26 DEBRIS ON ROAD 27 DOWNED TRAFFIC SIGN/DEVICE 28 VISION OBSTRUCTION 29 ANIMAL ACTIONS 30 PEDESTRIAN ACTIONS					
SPEED UNIT EST. LEGAL UNIT DRIVER PASS A 35 B 35		MC HELMET USE 1 NO HELMET 2 FULL COVERAGE 3 FULL FACIAL COVER 4 OTHER TYPE HELMET		VEHICLE DEFECTS CODE IF CONTRIBUTING FACTOR IS 18 PRIMARY SECONDARY		LOAD 1 EMPTY 2 PERISHABLE GOODS 3 GENERAL FREIGHT 4 METAL/HEAVY MACHINERY 5 HAZARDOUS GAS 6 HAZARDOUS LIQUID 7 HAZARDOUS SOLID 8 RADIOACTIVE MATERIAL 9 TRUCK AXLES 10 TRAILER RIGS		OTHER DEFECTS 1 TURN SIGNALS 2 HEAD LAMPS 3 TAIL LAMPS 4 BRAKES 5 STEERING 6 TIRE BLOWOUT 7 WORN OR SLICK TIRES 8 TRAILER EQUIPMENT DEFECTIVE 9 MOTOR TROUBLE 10 DISABLED FROM PRIOR ACCIDENT 11 OTHER DEFECTS	

TRAFFIC CRASH — DIAGRAM/NARRATIVE CONTINUATION

BEST AVAILABLE

(Rev. 1/82)

LOCAL REPORT NUMBER	REPORTING AGENCY [Redacted] Police Department	DATE OF CRASH M [Redacted] Y 96
IN COUNTY	CRASH LOCATION Intersection of [Redacted] and [Redacted]	

Page 1

▲
N
▲

RP

38'0"

35'10"

Unit 1

Unit 2

A

B

C

D

E

42'0"

TRAFFIC CRASH — DIAGRAM/NARRATIVE CONTINUATION

BEST AVAILABLE

(Rev. 1/82)

LOCAL REPORT NUMBER IN COUNTY OF	REPORTING AGENCY Police Department	DATE OF CRASH 96
LOCATION Intersection of		
Description of Points:		
RP= Reference Point (pole #)		
Ø = Beginning point of reference line		
A = Passenger side rear tire of Unit 1		
B = Passenger side front tire of Unit 1		
C = Southern most point of gouge mark (caused by Unit 2)		
D = Driver's side front tire of Unit 2		
E = Driver's side rear tire of Unit 2		
Reference Line= north edge of roadway		
Gouge Mark = 1 foot 10 inches in length		
LEGEND		
Points	Distance along reference line	Distance away from reference line
RP		
Ø	0'0"	0'0"
A		29' 11"
B	24' 10"	32' 4"
C	32' 1"	32' 6"
D	33' 9"	30' 7"
E	42' 1"	25' 8"
OFFICERS SIGNATURE		
BADGE NO.		

CASE VEHICLE REPAIR ESTIMATE

CLAIM REP.

NAMED INSURED		LOCATION OF INSPECTION		REPORT DATE & TIME	PAID TO PAY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
CL		DATE OF LOSS		INSP. DATE & TIME	DEDUCTIBLE
PHONE #		RESIDENCE:		WORK:	LIENHOLDER
YR.	MAKE	TYPE	MODEL	VIN #	LICENSE #
95	Chevy	<input checked="" type="checkbox"/> dr <input type="checkbox"/> SW <input type="checkbox"/> 4 dr <input type="checkbox"/> Hatch	Camaro	2 G1FP22SXS2	
					MILEAGE
					Color
					Black

	Re-place	Re-pair	AM/LKO	DETAILS OF REPAIR	PRE-ACCIDENT CONDITION:	Excellent Good	Fair Poor	Refinish Hours	LKO Parts & Sublet	New Parts	Labor
1	X			Front Cover (P 2.8)	1.1%			2.8		384.00	1.5
2	X			Endless Cove						21.20	0.1
3	X			Endless "Box-9ie"						6.15	0.7
4	X			License Bracket						21.20	2.0
5	X			Back Outer - Rt.						15.55	2.0
6	X			Back Inner - Upper Rt.						4.40	2.0
7	X			Back Inner - Lower Rt.						2.90	2.0
8	X			Deflector Cover - Rt.						14.30	2.0
9	X			Impact Absorber						115.75	1.0
10	X			Impact Bar						79.00	2.0
11	X			H/L + Panel Assy						384.00	1.0
12	X			Peak/Signal Lamp Assy - Rt.						30.75	1.0
13	X			Fog Lamp Assy - Rt.						89.25	1.0
14	X			Hood (P 3.5)	1.7%			3.5		568.00	1.0
15	X			Mothers latch						11.00	1.0
16	X			Safety Catch						8.25	0.5
17	X			Fender - Rt. (P 2.5 - .75C)	1.7%			2.1		181.00	1.0
18	X			Rod Support Area (P 1.0)				1.0			1.5
19	X			Air Bag Module - Driver						614.00	0.4
20	X			Passenger						1085.00	9.2
21	X			Windshield Washer Con'ct							
22	X			Frame Horn 2 5/8 2 pull 453200						128.00	
23	X			Alignment						72.00	
24	X			Clean, Air 10-15, 19ac Valve	2.2%			2.2		3.00	0.4

LOCATION OF LKO/AFTERMARKET

Tire - NO
Align - NO
Auto - NO

REPAIR FACILITY & PHONE

BETTERMENT

Open -
- WPS fluid
- radiator
- interior
- repair

TOTALS

11.6	173.00	3639.70	7.7
New Parts	Less	% \$	3639.70
LKO Parts & Sublet		\$	173.00
Body Labor	7.7	Hrs. @ \$	30.00
Mechanical Labor	4.6	Hrs. @ \$	45.00
Refinishing	11.6	Hrs. @ \$	50.00
Refinishing Material	11.6	Hrs. @ \$	45.00
Taxable Amt \$	4772.70	%	0
Towing & Storage		\$	
Subtotal		\$	5053.00
Less Deductible		\$	
Betterment		\$	
Net Total \$			5053.00

This estimate has been prepared based upon the use of one or more aftermarket crash parts supplied by a source other than the manufacturer of your motor vehicle. Warranties applicable to the aftermarket crash parts are provided by the manufacturer or distributor rather than by your own motor vehicle manufacturer.

I acknowledge and approve of this estimate.

Signature X _____ Date _____

Visible Damage Quotation

BEST AVAILABLE

NAME [REDACTED] DATE 11/11/86 WORK PHONE [REDACTED] HOME PHONE [REDACTED]
 ADDRESS [REDACTED] STATE 06
 YEAR 95 MAKE Chev MODEL Camaro VIN NO. 2G1FP225X52
 PAINT CODE [REDACTED] PROD. DATE [REDACTED] TRIM [REDACTED] LICENSE NO. [REDACTED] DATE OF LOSS [REDACTED]
 WRITTEN BY [REDACTED] INS. CO. [REDACTED] CLAIM NO. [REDACTED]
 ADJUSTER [REDACTED] LIC. NO. [REDACTED] PHONE [REDACTED] Deductible/Betterment [REDACTED]

LINE NO.	RE-PAIR	RE-PLACE	DETAILS R = Repair R/O = Recycle/Rechrome/Recore	PARTS INDEX A = Aftermarket N = New U = Used R = Rebuilt	PI	PARTS	LABOR	PAINT	SUBLET/MISC.
1		✓	Bumper Cover			384.00	2.5	2.8	
2		✓	absorber			121.57	FM		
3		✓	Bumper reinforcement			74.00	FM		
4		✓	Right turn signal			30.75	.2		
5		✓	Right fog light			39.25	.3		
6		✓	Right front fender			188.25	1.3	3.0	
7		✓	" " " Bracket			15.55	FM		
8		✓	" " " Headlight Assembly			384.00	1.0		
9	✓		Right Frame Horn				4.0		128.00
10		✓	Headlight Mounting Bar			FM	Headlight on		
11		✓	Replace center support Bracket			10.35	.3		
12		✓	Hood latch			11.00			
13		✓	" " Safety latch			0.20			
14		✓	Hood assembly			568.00	1.2	5.2	
15		✓	Driver air bag			1085.00			
16		✓	Pass air bag			419.00	4.2		
17		✓	Air bag sensor front			142.00	.8		
18		✓	Air bag coil			130.00	1.3		
19			Check front end alignment				1.5		45.00
20									
21			Blend & color clear coat					2.0	
22		✓	Dash pad upper			108.00	1.0		
23			Dash insulator			11.20	1.0		
24									
25									
26			(Windshield open)						
27			washer & coolant jug			3994.12	19.5	13.0	

I hereby authorize the above work and acknowledge receipt of copy. **TOTALS** →

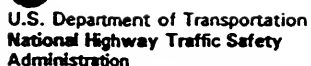
Signed X _____ Date _____

Returned Parts subject to 20% restocking fee X _____

GUARANTEE

PARTS Prices subject to Invoice	\$ 3994.12
LABOR 19.5 hrs. @ 30	\$ 585.00
Shop Supplies	\$
PAINT 13 hrs. @ 30	\$ 390.00
Paint Supplies	\$ 150.00
Towing/Storage	\$
Sublet/Miscellaneous	\$ 173.00
EPA/Waste Disposal Charge	\$
SUB TOTAL	\$ 5292.12
TAX	\$ 318.00
TOTAL	\$ 5610.12

ACCIDENT COLLISION MEASUREMENT TABLE



ACCIDENT COLLISION MEASUREMENT TABLE

BEST AVAILABLE

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

Primary Sampling Unit Number / 0

Case Number—Stratum 96 26

ACCIDENT COLLISION DIAGRAM

Document the physical plant:

- all road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, parked vehicles, poles, signs, etc.)
- all traffic controls (e.g., signs/signals, etc.)
- north arrow placed on diagram
- roadway surface type and condition of applicable roadways
- grade measurements for all applicable roadways and at location of rollover initiation
- roadway curvature (include measurement of precrash superelevation for each vehicle if applicable)

Document vehicle dynamics including:

- reference point and reference line relative to physical features present at the scene
- scaled documentation of all accident induced physical evidence
- scaled documentation of all roadside objects contacted
- scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either:
 - a) physical evidence, or
 - b) reconstructed accident dynamics

CRASH DATA

	VEH. #1	VEH. #2	VEH. #3
Heading Angle	<u>77</u>	<u>218</u>	<u> </u>
Surface Type	<u>B,1</u>	<u>B,1</u>	<u> </u>
Surface Condition	<u>DRY</u>	<u>DRY</u>	<u> </u>
Coefficient of Friction	<u>.70</u>	<u>.75</u>	<u> </u>
Grade (v/h) Measurement (before impact and final rest)	<u>-2.3%</u>	<u>+2.3%</u>	<u> </u>
Grade (v/h) Measurement (at location of rollover initiation)	<u>N/A</u>	<u>N/A</u>	<u> </u>
Grade (v/h) Measurement (at pre-crash location)	<u>-2.7%</u>	<u>+2.9%</u>	<u> </u>

Reference Point: Utility Pole
#

Reference line: NORTH edge
of

[illegible]

NASS CDS ACCIDENT FORM



ACCIDENT FORM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9626

IDENTIFICATION

3. Number of General Vehicle
Forms Submitted

02

4. Date of Accident
(Month, Day, Year)

1 1 9 6

5. Time of Accident

1456

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS15-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. 0 SS15 Administrative Use

0

7. 0 SS16 Pedestrian Crash Data Study
(Data for this special study available
in a separate file.)

0

8. 0 SS17 Impact Fires

0

9. 0 SS18 Unsafe Driver Actions

0

10. 0 SS19 Run Off Road

0

NUMBER OF EVENTS

11. Number of Recorded Events
in This Accident

01

Code the number of events which occurred
in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object in the right columns.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>01</u>	13. <u>01</u>	14. <u>02</u>	15. <u>F</u>	16. <u>02</u>	17. <u>02</u>	18. <u>F</u>
19. <u>02</u>	20. <u> </u>	21. <u> </u>	22. <u> </u>	23. <u> </u>	24. <u> </u>	25. <u> </u>
26. <u>03</u>	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>
33. <u>04</u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>	38. <u> </u>	39. <u> </u>
40. <u>05</u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle *CV: 101.1 ⇒ 257*
- (01) Subcompact/mini (wheelbase < 254 cm)
- (02) Compact (wheelbase ≥ 254 but < 265 cm) *↖*
- (03) Intermediate (wheelbase ≥ 265 but < 278 cm)
- (04) Full size (wheelbase ≥ 278 but < 291 cm)
- (05) Largest (wheelbase ≥ 291 cm)
- (09) Unknown passenger car size
- (14) Compact utility vehicle *V2: 100.3 ⇒ 255*
- (15) Large utility vehicle (≤ 4,536 kgs GVWR)
- (16) Utility station wagon (≤ 4,536 kgs GVWR)
- (19) Unknown utility type
- (20) Minivan (≤ 4,536 kgs GVWR)
- (21) Large van (≤ 4,536 kgs GVWR)
- (24) Van Based school bus (≤ 4,536 kgs GVWR)
- (28) Other van type (≤ 4,536 kgs GVWR)
- (29) Unknown van type (≤ 4,536 kgs GVWR)
- (30) Compact pickup truck (≤ 4,536 kgs GVWR)
- (31) Large pickup truck (≤ 4,536 kgs GVWR)
- (38) Other pickup truck (≤ 4,536 kgs GVWR)
- (39) Unknown pickup truck type (≤ 4,536 kgs GVWR)
- (45) Other light truck (≤ 4,536 kgs GVWR)
- (48) Unknown light truck type (≤ 4,536 kgs GVWR)
- (49) Unknown light vehicle type
- (50) School bus (excludes van based) (> 4,536 kgs GVWR)
- (58) Other bus (> 4,536 kgs GVWR)
- (59) Unknown bus type
- (60) Truck (> 4,536 kgs GVWR)
- (67) Tractor without trailer
- (68) Tractor-trailer(s)
- (78) Unknown medium/heavy truck type
- (79) Unknown light/medium/heavy truck type
- (80) Motored cycle
- (90) Other vehicle
- (99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES	(O) Not a motor vehicle (N) Noncollision (F) Front	(R) Right side (L) Left side (B) Back	(T) Top (U) Undercarriage (9) Unknown
TDC APPLICABLE VEHICLES	(O) Not a motor vehicle (N) Noncollision (F) Front (R) Right side	(L) Left side (B) Back of unit with cargo area (rear of trailer or straight truck) (D) Back (rear of tractor)	(C) Rear of cab (V) Front of cargo area (T) Top (U) Undercarriage (9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

- (01-30) — Vehicle Number
- Noncollision
- (31) Overturn — rollover (excludes end-over-end)
- (32) Rollover — end-over-end
- (33) Fire or explosion
- (34) Jackknife
- (35) Other intraunit damage (specify): _____
- (36) Noncollision injury
- (38) Other noncollision (specify): _____
- (39) Noncollision — details unknown
- Collision With Fixed Object
- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakaway pole or post (any diameter)
- Nonbreakaway Pole or Post
- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)
(specify): _____
- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____
- (69) Unknown fixed object
- Collision with Nonfixed Object
- (70) Passenger car, light truck, van, or other vehicle not in-transport
- (71) Medium/heavy truck or bus not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance
- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify): _____
- (89) Unknown nonfixed object
- (98) Other event (specify): _____
- (99) Unknown event or object

NASS CDS VEHICLE FORMS: CASE VEHICLE



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

VEHICLE IDENTIFICATION

4. Vehicle Model Year

Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify):

Chevrolet
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify):

Camaro
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

7. Body Type

Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

2G1FP225X32
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

9. Vehicle Special Use (This Trip)

- (0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify):
(9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition

- (0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

11. Police Reported Travel Speed

Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

___ mph X 1.6093 = ___ kmph

12. Speed Limit

- (000) No statutory limit
Code posted or statutory speed limit in kmph
(999) Unknown

35 mph X 1.6093 = 56 kmph

13. Police Reported Alcohol Presence For Driver

- (0) No alcohol present
(1) Yes alcohol present
(7) Not reported
(8) No driver present
(9) Unknown

14. Alcohol Test Result For Driver

- Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source: PAR

15. Police Reported Other Drug Presence For Driver

- (0) No other drug(s) present
(1) Yes other drug(s) present
(7) Not reported
(8) No driver present
(9) Unknown

16. Other Drug Specimen Test Result For Driver

- (0) No specimen test given
(1) Drug(s) not found in specimen
(2) Drug(s) found in specimen, (specify):
(3) Specimen test given, results unknown or not
obtained
(8) No driver present
(9) Unknown if specimen test given

17. Driver's Zip Code

(00001) Driver not a resident of U.S. or territories

Code actual 5-digit zip code
(99998) No driver present
(99999) Unknown

18. Driver's Race/Ethnic Origin

- (1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(7) Other (specify):
(8) No driver present
(9) Unknown

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,536$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,536$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,536$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,536$ kgs GVWR)
- (24) Van based school bus ($\leq 4,536$ kgs GVWR)
- (25) Van based other bus ($\leq 4,536$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,536$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,536$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,536$ kgs GVWR)

- (60) Step van ($> 4,536$ kgs GVWR)
- (61) Single unit straight truck ($4,536$ kgs $<$ GVWR $\leq 8,845$ kgs)
- (62) Single unit straight truck ($8,845$ kgs $<$ GVWR $\leq 11,793$ kgs)
- (63) Single unit straight truck ($> 11,793$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 2
(0) Non-interchange area and non-junction
(1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
(3) Driveway, alley access related
(4) Other junction (specify) _____

(5) Unknown type of junction _____

(9) Unknown

20. Trafficway Flow 0
(0) Not physically divided (two way traffic)
(1) Divided trafficway-median strip without positive barrier
(2) Divided trafficway-median strip with positive barrier
(3) One way traffic
(9) Unknown

21. Number Of Travel Lanes 3
(1) One
(2) Two
(3) Three
(4) Four
(5) Five
(6) Six
(7) Seven or more
(9) Unknown

22. Roadway Alignment 1
(1) Straight
(2) Curve right
(3) Curve left
(9) Unknown

23. Roadway Profile 4
(1) Level
(2) Uphill grade (> 2%)
(3) Hill crest
(4) Downhill grade (> 2%)
(5) Sag
(9) Unknown

2.3% at impact

24. Roadway Surface Type 2
(1) Concrete
(2) Bituminous (asphalt)
(3) Brick or block
(4) Slag, gravel, or stone
(5) Dirt
(8) Other (specify): _____
(9) Unknown

25. Roadway Surface Condition 1

- (1) Dry
(2) Wet
(3) Snow or slush
(4) Ice
(5) Sand, dirt, or oil
(8) Other (specify): _____
(9) Unknown

26. Light Conditions 1

- (1) Daylight
(2) Dark
(3) Dark, but lighted
(4) Dawn
(5) Dusk
(9) Unknown

27. Atmospheric Conditions 0

- (0) No adverse atmospheric-related driving conditions
(1) Rain
(2) Sleet/hail
(3) Snow
(4) Fog
(5) Rain and fog
(6) Sleet and fog
(7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
(9) Unknown

28. Traffic Control Device 1

- (0) No traffic control(s)
(1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
(3) Yield sign
(4) School zone sign
(5) Other regulatory sign (specify): _____

- (6) Warning sign (not RR crossing)
(7) Unknown sign
(8) Miscellaneous/other controls including RR controls (specify): _____

(9) Unknown

29. Traffic Control Device Functioning 2

- (0) No traffic control device
(1) Traffic control device not functioning (specify): _____

- (2) Traffic control device functioning properly
(9) Unknown

PRECRASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving (Prior To Recognition Of Critical Event) 01
- (00) No driver present
(01) Attentive or not distracted
(02) Looked but did not see
- Distractions*
(03) By other occupant(s), (specify): _____
(04) By moving object in vehicle (specify): _____
(05) While talking or listening to cellular phone (specify location and type of phone): _____
(06) While dialing cellular phone (specify location and type of phone): _____
(07) While adjusting climate controls
(08) While adjusting radio, cassette, CD (specify): _____
(09) While using other device/controls integral to vehicle (specify): _____
(10) While using or reaching for device/object brought into vehicle (specify): _____
(11) Sleepy or fell asleep
(12) Distracted by outside person, object, or event (specify): _____
(13) Eating or drinking
(14) Smoking related
(97) Distracted/inattentive, details unknown
(98) Other, distraction (specify): _____
(99) Unknown
31. Pre-Event Movement (Prior to Recognition of Critical Event) 01
- (00) No driver present
(01) Going straight
(02) Decelerating in traffic lane
(03) Accelerating in traffic lane
(04) Starting in traffic lane
(05) Stopped in traffic lane
(06) Passing or overtaking another vehicle
(07) Disabled or parked in travel lane
(08) Leaving a parking position
(09) Entering a parking position
(10) Turning right
(11) Turning left
(12) Making a U-turn
(13) Backing up (other than for parking position)
(14) Negotiating a curve
(15) Changing lanes
(16) Merging
(17) Successful avoidance maneuver to a previous critical event
(97) Other (specify): _____
(99) Unknown
32. Critical Precrash Event 62
- THIS VEHICLE LOSS OF CONTROL DUE TO:**
- (01) Blow out or flat tire
(02) Stalled engine
(03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
(04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
(05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
(06) Traveling too fast for conditions
(08) Other cause of control loss (specify): _____
(09) Unknown cause of control loss

THIS VEHICLE TRAVELLING

- (10) Over the lane line on left side of travel lane
(11) Over the lane line on right side of travel lane
(12) Off the edge of the road on the left side
(13) Off the edge of the road on the right side
(14) End departure
(15) Turning left at intersection
(16) Turning right at intersection
(17) Crossing over (passing through) intersection
(18) This vehicle decelerating
(19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
(51) Traveling in same direction with lower steady speed
(52) Traveling in same direction while decelerating
(53) Traveling in same direction with higher speed
(54) Traveling in opposite direction
(55) In crossover
(56) Backing
(59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
(61) From adjacent lane (same direction)—over right lane line
(62) From opposite direction—over left lane line
(63) From opposite direction—over right lane line
(64) From parking lane
(65) From crossing street, turning into same direction
(66) From crossing street, across path
(67) From crossing street, turning into opposite direction
(68) From crossing street, intended path not known
(70) From driveway, turning into same direction
(71) From driveway, across path
(72) From driveway, turning into opposite direction
(73) From driveway, intended path not known
(74) From entrance to limited access highway
(78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

- (80) Pedestrian in roadway
(81) Pedestrian approaching roadway
(82) Pedestrian—unknown location
(83) Pedalcyclist or other nonmotorist in roadway (specify): _____
(84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
(85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

OBJECT OR ANIMAL

- (87) Animal in roadway
(88) Animal approaching roadway
(89) Animal—unknown location
(90) Object in roadway
(91) Object approaching roadway
(92) Object—unknown location
(98) Other critical precrash event (specify): _____
(99) Unknown

33. Attempted Avoidance Maneuver

08

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify):

*per
driver
interview*

(99) Unknown

34. Pre-Impact Stability

1

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify):

(9) Precrash stability unknown

35. Pre-Impact Location

1

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

36. Accident Type

69

(Note: Applicable codes on back of this page)

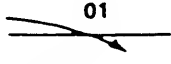


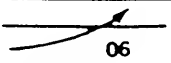

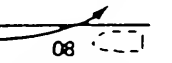
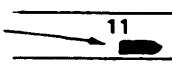
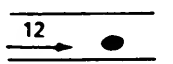
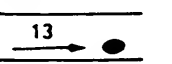
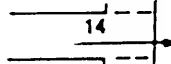
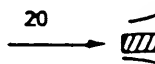
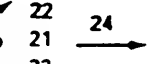
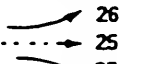
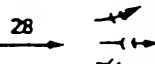
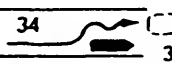

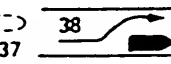
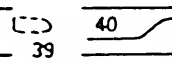
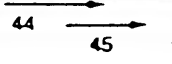


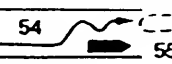
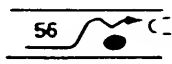
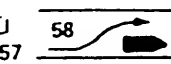
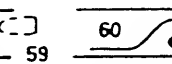
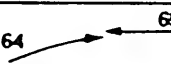



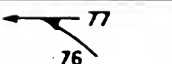
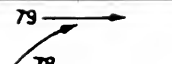
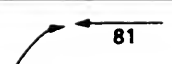
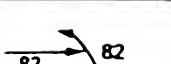
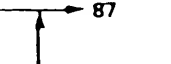

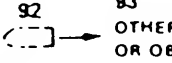
(00) No impact

Code the number of the diagram that best describes the accident circumstance

(98) Other accident type (specify):

(99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	 20 STOPPED 21, 22, 23	 22 SLOWER 25, 26, 27	 24 DECEL. 28, 29, 30, 31	 26 AVOID COLLISION WITH VEH.	(EACH • 32) SPECIFICS OTHER (EACH • 33) SPECIFICS UNKNOWN
	E Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER (EACH • 43) SPECIFICS UNKNOWN
	F Sideswipe Angle	 44 45	 46 45 47	(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN	
III Same Trafficway Opposite Direction	G Head-On	 50 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN		
	H Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER (EACH • 63) SPECIFICS UNKNOWN
	I Sideswipe Angle	 64 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN		
IV Change Trafficway Vehicle Turning	J Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 71 INITIAL SAME DIRECTIONS	 73 72	(EACH • 74) SPECIFICS OTHER (EACH • 75) SPECIFICS UNKNOWN	
	K Turn Into Path	 77 76 TURN INTO SAME DIRECTION	 79 78 TURN INTO OPPOSITE DIRECTIONS	 81 80	 83 82	(EACH • 84) SPECIFICS OTHER (EACH • 85) SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L Straight Paths	 86 87	 88 89	(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN	
VI Miscellaneous	M Backing Etc	 92 BACKING VEH.	83 OTHER VEH OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
38. Number of Occupants This Vehicle 0 2
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
39. Number of Occupant Forms Submitted 0 2

AIR BAG RELATED

40. Is this an AOPS Vehicle? 1
 (0) No (includes unknown)
 (1) Yes - researcher determined
 (2) VIN determined air bag system
 (3) VIN determined automatic (passive) belts
 (4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 6
 (0) Not equipped or not available
 (1) No air bags deployed
Single Air Bag Vehicle
 (2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
 (4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1 4 9 0
3292 Code weight to nearest 10 kilograms.
 (045) Less than 454 kilograms
 (612) 6,124 kilograms or more
 (999) Unknown
3292 lbs X .4536 = 1 4 9 3 kgs
 Source: _____

44. Vehicle Cargo Weight 0 0 0 0
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (454) 4,536 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = _____ kgs

Source: _____

ROLLOVER DATA

45. Rollover 0 0
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 (17) Rollover, 17 or more quarter turns (specify): _____
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown
46. Rollover Initiation Type 0 0
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type specify): _____
 (98) Rollover--end-over-end
 (99) Unknown rollover initiation type
47. Location of Rollover Initiation 0
 (0) No rollover
 (1) On roadway
 (2) On shoulder--paved
 (3) On shoulder--unpaved
 (4) On roadside or divided trafficway median
 (8) Rollover--end-over-end
 (9) Unknown
48. Rollover Initiation Object Contacted 0 0
 (Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
 (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (6) Non-contact rollover forces (specify): _____
 (8) Rollover--end-over-end
 (9) Unknown
50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover--end-over-end
 (9) Unknown roll direction

OVERRIDE/UNDERRIDE (THIS VEHICLE)

51. Front Override/Underride (this Vehicle) 0
52. Rear Override/Underride (this Vehicle) 0
- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride

*Override (see specific CDC)**(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))*

- (1) 1st CDC
- (2) 2nd CDC
- (3) Other not automated CDC (specify):
- _____

*Underride (see specific CDC)**(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))*

- (4) 1st CDC
- (5) 2nd CDC
- (6) Other not automated CDC (specify):
- _____

- (7) Medium/heavy truck or bus override (of any configuration)
- (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value

- (996) Non-horizontal impact
- (997) Noncollision
- (998) Impact with object
- (999) Unknown

53. Heading Angle For This Vehicle 075
54. Heading Angle For Other Vehicle 220

RECONSTRUCTION DATA

55. Towed Trailing Unit 0
- (0) No towed unit
- (1) Yes—towed trailing unit
- (9) Unknown
56. Documentation of Trajectory Data for This Vehicle 0
- (0) No
- (1) Yes
57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
- (0) Not collision (for highest delta V) with tree or pole
- (1) Not damaged
- (2) Cracked/sheared
- (3) Tilted < 45 degrees
- (4) Tilted ≥ 45 degrees
- (5) Uprooted tree
- (6) Separated pole from base
- (7) Pole replaced
- (8) Other (specify):
- _____
- (9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V

58. Basis for Total (Resultant) Delta V (highest) 01

(00) No vehicle inspection

Delta V Calculated

- (01) Reconstruction program-damage only routine
- (02) Reconstruction program-damage and trajectory routine
- (03) Missing vehicle algorithm

Delta V Not Calculated

- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

- (05) Rollover
- (06) Other non-horizontal forces
- (07) Sideswipe type damage
- (08) Severe override
- (09) Yielding object
- (10) Overlapping damage
- (11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):
- _____
- _____

- (98) Other, (specify): _____
- _____

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V

Highest

12 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

60. Longitudinal Component of
Delta V

Highest

-12 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means greater than

-0.5 kmph and less than +0.5 kmph)

(+160) ±159.5 kmph and above

(-999) Unknown

61. Lateral Component of Delta V

Highest

2 Nearest kmph (highest) Nearest kmph (secondary)(NOTE: 000 means greater than -0.5 kmph and
less than +0.5 kmph)

(+160) ±159.5 kmph and above

(-999) Unknown

62. Energy Absorption

Highest

10,155 Nearest 100 joules (highest) Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)

(9997) 999,650 joules or more

(9999) Unknown

63. Impact Speed

Highest

998 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means

less than 0.5 kmph)

(160) 159.5 kmph and above

(998) Trajectory algorithm not run

(999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program
Results (For Highest Delta V)

(0) No reconstruction

(1) Collision fits model — results appear
reasonable

(2) Collision fits model — results appear high

(3) Collision fits model — results appear low

(4) Borderline reconstruction — results appear
reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed

Highest

10.8 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means

less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

ESTIMATED DELTA V	INSPECTION TYPE
<p>66. Estimated Highest Delta V (Researcher Determined) <u>0</u></p> <p>(0) Reconstruction Delta V coded</p> <p><i>Estimated Delta V</i></p> <p>(1) Less than 10 kmph</p> <p>(2) ≥ 10 kmph but < 25 kmph</p> <p>(3) ≥ 25 kmph but < 40 kmph</p> <p>(4) ≥ 40 kmph but < 55 kmph</p> <p>(5) ≥ 55 kmph</p> <p><i>Other estimates of damage severity</i></p> <p>(6) Minor</p> <p>(7) Moderate</p> <p>(8) Severe</p> <p>(9) Unknown</p>	<p>67. Type of Vehicle Inspection <u>3</u></p> <p>(0) No inspection</p> <p>(1) Vehicle fully repaired-no damage evident</p> <p>(2) Partial inspection (specify): _____</p> <p>(3) Complete inspection</p> <p>DELTA V EVENT NUMBER</p> <p>68. Delta V Event Number <u>1</u></p> <p>_____ Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle</p> <p>(99) Unknown</p>
<p>*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), ***</p> <p>DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS</p> <p>*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***</p> <p>THE EXTERIOR VEHICLE, INTERIOR VEHICLE, OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.</p>	



EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number <u>10</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>9626</u>	

VEHICLE IDENTIFICATION

VIN 2G1FP22A1A2 Model Year 95
Vehicle Make (specify): Chevrolet Vehicle Model (specify): Camaro

LOCATOR

Locate the end of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
01	34cm (L) of center OVER 109 to (R) BC	ACROSS front Bumper	

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	±D
		Width (CDC)	Max Crush								
01	@ Bumper	109		142	27	13	6	7	15	29	
	FREE				27	13	5	5	13	27	
	Adjusted.				0	0	1	2	2	2	
	FINAL AVG	109	10		0	0	1	3	10	9	+19.5
01	Above bumper			142				30	41	49	
	FREE							27	31	45	
	Adjusted.							3	10	4	
	REINFORCEMENT BAR								29	43	
	FREE								27	27	
	Adjusted.								2	16	
	AVERAGE									9	

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>101.1</u>	inches	x 2.54	=	<u>256.8</u>	cm
Overall Length	<u>193.2</u>	inches	x 2.54	=	<u>490.7</u>	cm
Maximum Width	<u>74.1</u>	inches	x 2.54	=	<u>188.2</u>	cm
Curb Weight	<u>3,292</u>	pounds	x 0.4536	=	<u>1,493.3</u>	kg
Average Track	^{60.7} _{60.6} <u>60.65</u>	inches	x 2.54	=	<u>154.1</u>	cm
Front Overhang	<u>45.1</u>	inches	x 2.54	=	<u>114.6</u>	cm
Rear Overhang	<u>47.</u>	inches	x 2.54	=	<u>119</u>	cm
Undeformed End Width	<u>58.3</u>	inches	x 2.54	=	<u>148</u>	cm
Engine Size: cyl/disl.	<u>4</u>	cc	x 0.001	=	<u>3.4</u>	L
4-passenger V-6 Auto transmission	<u>207</u>	CID	x 0.0164	=	<u>3.4</u>	L

SFI

Auto News Curb Weight
5-speed manual

3,251

3,251
41

Bronham Shipping Weight

3,292

4-speed Auto

3,212

5-speed Manual

3,171

Auto Transmission

41

SPECIAL CRASH INVESTIGATION ADDENDUM

Submodel Designation: {specify} sp t cpe Color: {specify} BLACK Repair Cost: \$

Transmission: {circle} Automatic | Manual Speed: 3-speed | 4-speed | 5-speed | Other:

Steering: {circle} Power-assisted | Manual Type: rack-and-pinion | worm-and-gear | Other
{please describe}:

Brakes: {circle} Power-assisted | Manual Type: 4-wheel disc | 4-wheel drum | 4-wheel hydraulic
| front disc, rear drum | Other:

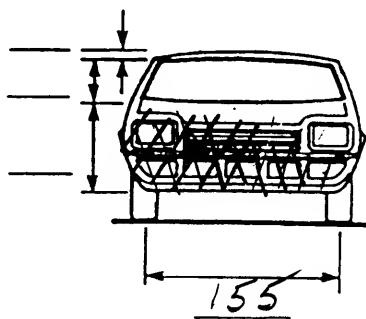
Observed Defects: {specify}

Fleet Type: {circle} Private vehicle | Rental vehicle | Leased vehicle | Commercial vehicle | Other

{please describe}:

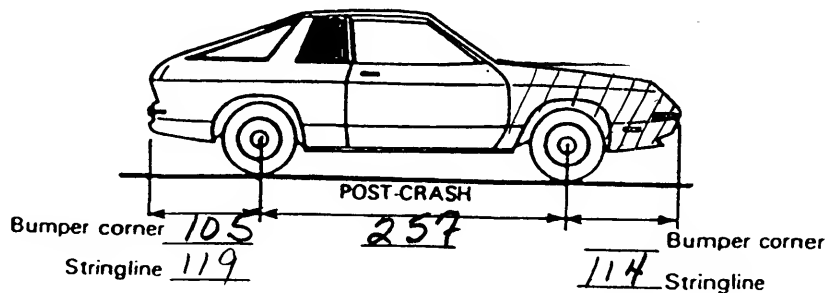
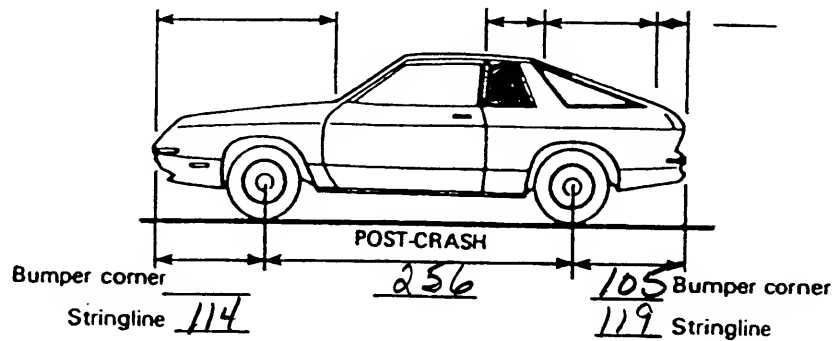
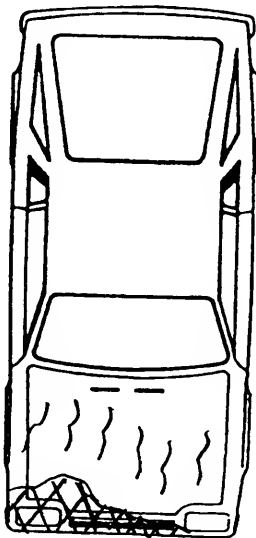
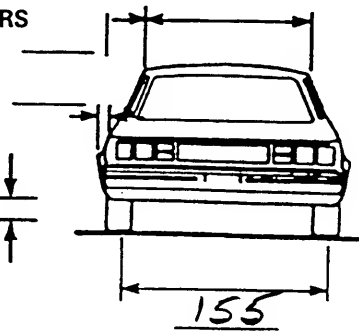
VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE a. Rotation physically restricted RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		b. Tire deflated RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u>		ORIGINAL SPECIFICATIONS Wheelbase <u>257</u> cm Overall Length <u>491</u> cm Maximum Width <u>188</u> cm Curb Weight <u>1493</u> kg Average Track <u>154</u> cm Front Overhang <u>115</u> cm Rear Overhang <u>119</u> cm Undeformed End Width <u>148</u> cm Engine Size: cyl./displ. <u>V6 3.4</u> L		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF ± _____ ° LF ± _____ ° RR ± _____ ° LR ± _____ ° Within ± 5 degrees	
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input type="checkbox"/> Automatic END SHIFT ≥ 10 CM <input type="checkbox"/> Yes <input type="checkbox"/> No				DRIVE WHEELS <input type="checkbox"/> FWD <input checked="" type="checkbox"/> RWD <input type="checkbox"/> 4WD		Approximate Cargo Weight _____ kg	



MEASUREMENTS IN CENTIMETERS

Original
Bumper height



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

Type of Body Pass. Cap.	Model	Wheel Base	Dimensions Inches			Ship. Wt.	Tax H.P.	Factory List Price	Factory Del'd Price
			Lt. x	Wt. x	Ht.				
Auto. Trans. 4-speed(4T80-E); EPA Mileage Estimate 16/25									
5-PS 2-dr Coupe STS	6KY69	111.0"	204.4"	x 74.2"	x 54.5"	3856	42.89	44,995	45,660
1997 Catera RWD V6 cyl 3.0 liter SPFI DOHC Gas Engine(32 valve)									
Bore & Stroke 3.386x3.346; Tax H.P. 27.52; SAE H.P. 205@5600; Torque 407@4000; 279 cu.in., 4.6 liter									
Auto. Trans. 4-speed(4T80-E); EPA Mileage Estimate 18/25									
5-PS 4-dr Coupe	6VR69	107.4"	193.8"	x 70.3"	x 57.4"	3770	27.52	29,995	30,635
5-PS 4-dr Coupe	6VR69	107.4"	193.8"	x 70.3"	x 57.4"	3856	27.52	32,995	33,635
Options Cadillac: Destination Charges-\$665 Catera Models-640; Option Pkgs (DeVille)(1SB)-\$642\$; Memory/Personalization Pkg(WA7)(Eldorado & Seville)-\$437; Safety/Surunity Pkg(WA8)-\$502; Sport Pkg(WA9)(Eldorado & Seville)-\$1223; Astrorolf(CF5)-\$1550; Electronic Compass(DD7)-\$100; Grage Door Opener(UGI)(Catera)-\$107; Heated Seats(KA1)(Catera)-\$400; Electronic Compass(DD7)-\$100; Emmission (Calif & Mass)-\$170; Fleetwood Brougham(Cloth)-\$1680 (Leather)-\$2465; Garage Door Opener(UG1)-\$107; Heated Seats(KA1)-\$225; Leather Seating Area(YL1)(Deville)-\$785 (Eldorado & Seville SLS)-\$785 (DeVille Concours & Eldorado Touring Coup & Seville STS)-std ; Paint (White Diamond or Pearl Red)(VIF&YL3)-\$500; AM/FM Stereo Radfow/cassette(UW7) (Deville)-\$274 (Concours & d'Elegance)-std Eldorado & Seville)-\$723 w/CD & cassette(UT0)(Concours & d'Elegance)-\$595 (DeVille)-\$869 (Eldorado & Seville)-\$1318 w/CD & cassette(UP2)(Concours & d'Elegance)-\$790 (DeVille)-\$1064 Eldorado & Seville)-\$1513 (Catera)-\$723; Sunroof(CF5)(Catera)-\$995; Trailer towing Pkg(300#)(d'Elegance)-\$110; Chrome Wheels (PF4)(Catera)-\$355 (QVF)(Eldorado Touring)-\$250 (PH2, QC6, QC8, QB9, QC7, P05 or PX2)-\$1195									

1995 Astro Passenger & Cargo Van RWD (See Truck Section: Chevrolet)**1995 Beretta Coupe Series FWD L4 cyl 2.2 liter MPFI Gas Engine(LN2)(8 valve)**

Bore & Stroke 3.5"x3.46"; Tax H.P. 19.6; SAE H.P. 120@5200; Torque 130@4000; 133 cu.in., 2.2 liter

Man. Trans. 5-speed(MR3); EPA Mileage Estimate 25/31

5-PS 2-dr NB Coupe 1LV37 103.4" 187.2" x 67.9" x 53.2" 2670 19.6 12,995 13,490

Auto. Trans. 3-speed(MD9)

5-PS 2-dr Coupe 1LV37 103.4" 187.2" x 67.9" x 53.2" 2712 19.6 13,550 14,045

1995 Beretta Z26 Series FWD V6 cyl 3.1 liter SFI Gas Engine(L82)(12 valve)

Bore & Stroke 3.504"x3.307"; Tax H.P. 29.47; SAE H.P. 155@5200; Torque 185@4000; 191 cu.in., 3.1 liter

Auto. Trans. 4-speed(M13); EPA Mileage Estimate 25/32

5-PS 2-dr NB Coupe Z26 1LW37 103.4" 187.2" x 67.9" x 53.2" 2904 29.47 16,295 16,790

Options Beretta: Destination Charges-\$495; V6 3.1 liter SFI Gas Engine (Coupe)-\$1275 (Z26)-std; Auto. Trans. 3-speed(MX1)(Coupe)-\$555; Preferred Equip. Groups (1SDX)-std (1SFX)-\$165 (1SGX)-\$745 Z26 (1SHX)-std (1SJX)-\$463; AM/FM Stereo w/cassette(UM6)-\$140 Z26-std w/CD(U1C)-\$396 Z26-\$256; Defogger Rear Window Electric(C49)-\$170; Emission (Calif. & Mass)-\$100; Gage Pkg(UB3)-\$111; Rear Spoiler(D52) (Coupe)-\$110; Sun Roof Manual Removable-\$350; Power Windows(A31)-\$275

1995 Camaro Series RWD V6 cyl 3.4 liter SFI Gas Engine(L32)(12 valve)

Bore & Stroke 3.623x3.31; Tax H.P. 31.5; SAE H.P. 160@4600; Torque 200@3600; 207 cu.in., 3.4 liter

Man. Trans. 5-speed(MM5); EPA Mileage Estimate 19/28

4-PS 2-dr Coupe 1FP87 101.1" 193.2" x 74.1" x 51.3" 3171 31.5 14,250 14,750

Auto. 4-PS 2-dr Convertible 1FP67 101.1" 193.2" x 74.1" x 52.0" 3262 31.5 19,495 19,995

Man. Trans. 4-speed EPA Mileage Estimate 19/28

4-PS 2-dr Coupe 1FP87 101.1" 193.2" x 74.1" x 51.3" 3212 31.5 15,000 15,500

4-PS 2-dr Convertible 1FP67 101.1" 193.2" x 74.1" x 52.0" 3303 31.5 20,245 20,745

1995 Camaro Z28 Series RWD V8 cyl 5.7 liter SFI OHV Gas Engine(LT1)(16 Valve)

Bore & Stroke 4.0x3.48; Tax H.P. 51.2; SAE H.P. 275@5000; Torque 325@2000; 350 cu.in., 5.7 liter

Man. Trans. 6-speed(MM6); EPA Mileage Estimate 17/24

4-PS 2-dr Coupe Z28 1FP87/Z28 101.1" 193.2" x 74.1" x 51.3" 3310 51.2 17,915 18,415

4-PS 2-dr Convertible Z28 1FP67/Z28 101.1" 193.2" x 74.1" x 52.0" 3400 51.2 23,095 23,595

Man. Trans. 4-speed; EPA Mileage Estimate 17/24

4-PS 2-dr Coupe Z28 1FP87/Z28 101.1" 193.2" x 74.1" x 51.3" 3351 51.2 18,665 19,165

4-PS 2-dr Convertible Z28 1FP67/Z28 101.1" 193.2" x 74.1" x 52.0" 3441 51.2 23,845 24,345

Options Camaro Series: Destination Charge-\$500; Auto. Trans. 4-speed w/overdrive(MX0)-\$750; Preferred Equip. Group (Base) (1)-\$1240 (2)-\$2036 (Z26 w/6-speed Man. Trans.) (1)-\$1350/1385 (2)-\$2146/2181 (Z26 w/4-speed Auto. Trans.) (1)-\$1240/1275 (2)-\$2036/2071; Axle (Optional Performance)-\$250; Electric Rear Window Defogger-\$170; Power Door Lock System-\$220; Emissions (Calif. & Mass)-\$100; Performance Pkg(1LE)-\$310; Removable Roof Panels-\$895; Power Seat 6-way Driver-\$270; Seats (Leather Bucket)-\$499; Wheels (Aluminum 16")-\$275 Z26-std

1995 Caprice Classic RWD V8 cyl 4.3 liter SFI Gas Engine(L99)(16 valve)

Bore & Stroke 3.74"x3.0"; Tax H.P. 44.76; SAE H.P. 200@5200; Torque 235@2400; 265 cu.in., 4.3 liter

Man. Trans. 4-speed; EPA Mileage Estimate 18/26

6-PS 4-dr NB Sedan 1BL19 115.9" 214.1" x 77.5" x 55.7" 3937 44.76 20,310 20,895

1995 Caprice Classic RWD V8 cyl 5.7 liter SFI Gas Engine(LT1)(16 valve)

Bore & Stroke 4.0x3.48; Tax H.P. 51.2; SAE H.P. 260@5000; Torque 330@3200; 350 cu.in., 5.7 liter

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision

- (31) Overturn — rollover (excludes end-over-end)
(32) Rollover—end-over-end
(33) Fire or explosion
(34) Jackknife
(35) Other intraunit damage (specify):

(36) Noncollision injury

(38) Other noncollision (specify):

(39) Noncollision – details unknown

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
(42) Tree (> 10 cm in diameter)
(43) Shrubbery or bush
(44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
 (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
 (52) Pole or post (> 30 cm in diameter)
 (53) Pole or post (diameter unknown)

(54) Concrete traffic barrier

(55) Impact attenuator

(56) Other traffic barrier (includes guardrail)
(specify):

(57) Fence

(58) Wall

(59) Building

(60) Ditch or culvert

(61) Ground

(62) Fire hydrant

(63) Curb

(64) Bridge

(68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object

- (70) Passenger car, light truck, van, or other vehicle not in-transport
(71) Medium/heavy truck or bus not in-transport
(72) Pedestrian
(73) Cyclist or cycle
(74) Other nonmotorist or conveyance

(75) Vehicle occupant

(76) Animal

(77) Train

(78) Trailer, disconnected in transport

(79) Object fell from vehicle in-transport

(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

(99) Unknown event or object

DEFORMATION CLASSIFICATION BY EVENT NUMBER

[illegible]

COLLISION DEFORMATION CLASSIFICATION**HIGHEST DELTA "V"**

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>02</u>	6. <u>12</u>	7. <u>F</u>	8. <u>Z</u>	9. <u>E</u>	10. <u>W</u>	11. <u>01</u>

Second Highest Delta "V"

12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. L 21. C₁ C₂ C₃ C₄ C₅ C₆ 22. ±D

148 000 000 001 002 002 009 ⊕ 020

Second Highest Delta "V"

23. L 24. C₁ C₂ C₃ C₄ C₅ C₆ 25. ±D

_____ + _____

26. Undeformed End Width

(Coded when highest severity impact is an end plane impact.)

_____ Code to the nearest centimeter

(250) 250 centimeters or more

(998) No highest severity end plane impact

(999) Unknown

148

27. Direct Damage Width

(For highest severity impact)

_____ Code to the nearest centimeter

(250) 250 centimeters or more

(999) Unknown

109

28. Original Wheelbase

_____ Code to the nearest centimeter

(650) 650 centimeters or more

(999) Unknown

_____ inches X 2.54 = _____ centimeters

257

29. Original Average Track Width

_____ Code to the nearest centimeter

(185) 185 centimeters or more

(999) Unknown

_____ inches X 2.54 = _____ centimeters

154

FUEL SYSTEM

30. Are CDCs Documented
but Not Coded on The
Automated File?

- (0) No
(1) Yes

31. Researcher's Assessment of Vehicle
Disposition

- (0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

32. Is This A Multi-Stage Manufactured Vehicle
And/Or A Certified Altered Vehicle?

- (0) No post manufacturer modifications
(1) Yes - post manufacturer modifications
(specify): _____

(Include photograph of CERTIFICATION
PLACARD in case report)

- (9) Unknown if vehicle is modified

35. Location of Fuel Tank-1 Filler Cap

36. Location of Fuel Tank-2 Filler Cap

- (0) No fuel tank
(1) On back plane
(2) Aft of center of the rear wheels (rear axle)
on left side plane
(3) Aft of center of the rear wheels (rear axle)
on right side plane
(4) Forward of center of the rear wheels (rear
axle) on left side plane
(5) Forward of center of the rear wheels (rear
axle) on right side plane
(6) Over the center of the rear wheels (rear
axle) on left side plane
(7) Over the center of the rear wheels (rear
axle) on right side plane
(8) Other (specify): _____
(9) Unknown

37. Type of Fuel Tank-1

38. Type of Fuel Tank-2

- (0) No fuel tank (electrical vehicle)
(1) Metallic
(2) Non-metallic
(9) Unknown

39. Location of Fuel Tank-1

40. Location of Fuel Tank-2

- (0) No fuel tank
(1) Aft of center of the rear wheels (rear axle)
centered
(2) Aft of center of the rear wheels (rear axle)
left side
(3) Aft of center of the rear wheels (rear axle)
right side
(4) Forward of center of the rear wheels (rear
axle) centered
(5) Forward of center of the rear wheels (rear
axle) left side
(6) Forward of center of the rear wheels (rear
axle) right side
(7) Over center of the rear wheels (rear axle)
(8) Other (specify): _____
(9) Unknown

41. Damage to Fuel Tank-1

42. Damage to Fuel Tank-2

- (0) No fuel tank
(1) No damage to fuel tank
(2) Deformed, no seam failure
(3) Deformed, with a seam failure
(4) Punctured
(5) Lacerated (ripped)
(6) Abraded (scraped)
(7) Filler neck separation from the fuel tank
(8) Other damage (specify): _____
(9) Unknown

FIRE OCCURRENCE

33. Fire Occurrence

- (0) No fire

Yes, fire occurred

- (1) Minor
(2) Major
(9) Unknown

34. Origin of Fire

- (0) No fire
(1) Vehicle exterior (front, side, back, top)
(2) Exhaust system
(3) Fuel tank (and other fuel retention
system parts)
(4) Engine compartment
(5) Cargo/trunk compartment
(6) Instrument panel
(7) Passenger compartment area
(8) Other location (specify): _____

- (9) Unknown

43. Leakage Location of Fuel System-1

1

44. Leakage Location of Fuel System-2

0

- (0) No fuel tank
(1) No fuel leakage

Primary Area Of Leakage

- (2) Tank
(3) Filler neck
(4) Cap
(5) Lines/pump/filter
(6) Vent/emission recovery
(8) Other (specify): _____
(9) Unknown

45. Fuel Type-1

01

46. Fuel Type-2

00*Single Fuel Type*

- (00) No fuel tank
(01) Gasoline
(02) Diesel
(03) CNG (Compressed Natural Gas)
(04) LPG (Liquid Petroleum Gas) also known as Propane
(05) LNG (Liquid Natural Gas)
(06) Methanol (M100 or M85)
(07) Ethanol (E100 or E85)
(08) Other (Hydrogen or others) (specify): _____

Electric Powered or Electric/Solar Powered Vehicles

- (10) Lead Acid Battery
(11) Nickel-Iron Battery
(12) Nickel-Cadmium Battery
(13) Sodium Metal Chloride Battery
(14) Sodium Sulfur Battery
(18) Other (Specify): _____

(98) Other Hybrid (specify): _____

(99) Unknown fuel type

47. Is This Vehicle Equipped With More Than Two Fuel Tanks?

0

(0) No (one or two tanks only)

Yes - More Than Two Tanks

- (1) Yes -- no damage to any tank or filler cap and no fuel system leakage
(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location): _____
(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):
Type of tank _____
Tank location _____
Filler cap location _____
Tank damage _____
Location of leakage _____
Type of fuel _____
(9) Unknown if more than two tanks

COMMENTS

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***

(GV10=0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

INTEGRITY

4. Passenger Compartment Integrity
(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 0 8. RR 0 9. TG/H 0

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch
Opening in Collision. If IV05-IV09 ≠ 2, Then code Ø

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail,
etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 0 19. RR 0

20. BL 2 21. Roof 3 22. Other 0

(0) No glazing

(1) AS-1 - Laminated

(2) AS-2 - Tempered

(3) AS-3 - Tempered-tinted (original)

(4) AS-2 - Tempered-with after market tint

(5) AS-3 - Tempered-tinted (with additional after market tint)

(6) AS-14 - Glass/Plastic

(7) Glazing removed prior to accident

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 2 26. LR 0 27. RR 0

28. BL 1 29. Roof 2 30. Other 0

(0) No glazing

(1) Fixed

(2) Closed

(3) Partially opened

(4) Fully opened

(7) Glazing removed prior to accident

(9) Unknown

Glazing Damage from Impact Forces

31. WS 1 32. LF 1 33. RF 1 34. LR 0 35. RR 0

36. BL 1 37. Roof 1 38. Other 0

(0) No glazing

(1) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from
impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(9) Unknown if damaged

Glazing Damage from Occupant Contact

39. WS 1 40. LF 1 41. RF 1 42. LR 0 43. RR 0

44. BL 1 45. Roof 1 46. Other 0

(0) No glazing

(1) No occupant contact to glazing

(2) Glazing contacted by occupant but no glazing damage

(3) Glazing in place and cracked by occupant contact

(4) Glazing in place and holed by occupant contact

(5) Glazing out-of-place (cracked or not) by occupant
contact and not holed by occupant contact

(6) Glazing out-of-place by occupant contact and holed by
occupant contact

(7) Glazing removed prior to accident

(8) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE — DAMAGE VALUE = DEFORMATION

— =

No — Deformation

— =

— =

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): _____

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

LOCATION OF INTRUSION

Front Seat
 (11) Left
 (12) Middle
 (13) Right

Second Seat
 (21) Left
 (22) Middle
 (23) Right

Third Seat
 (31) Left
 (32) Middle
 (33) Right

Fourth Seat
 (41) Left
 (42) Middle
 (43) Right

(97) Catastrophic
 (98) Other enclosed area (specify) _____

(99) Unknown

MAGNITUDE OF INTRUSION

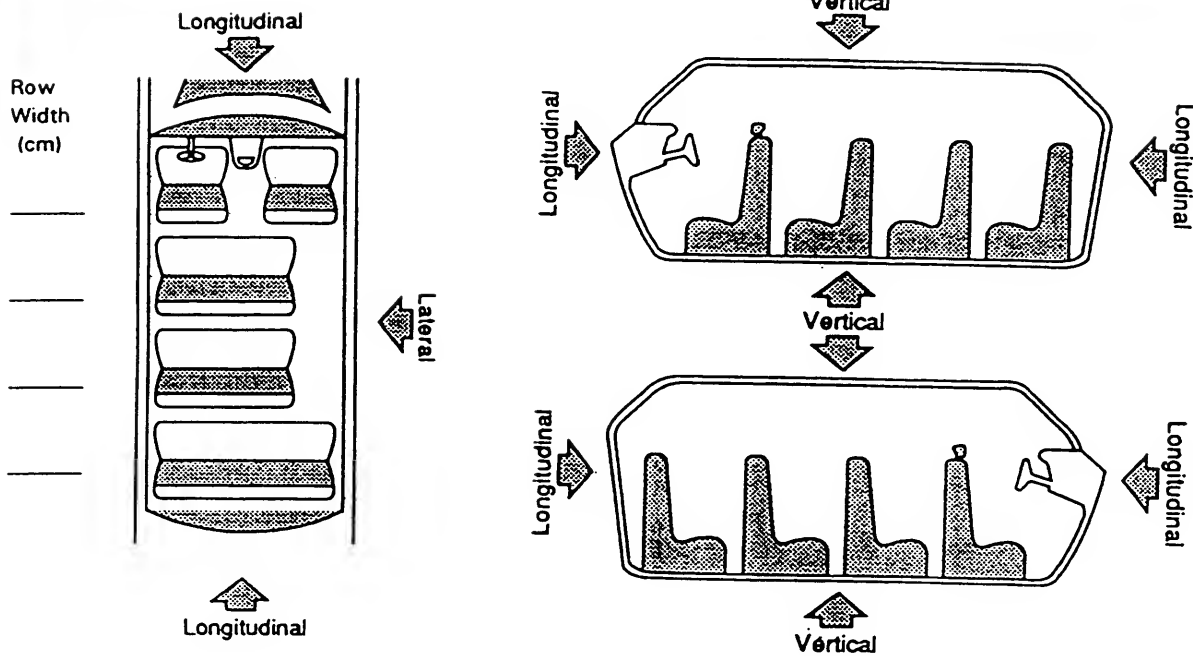
- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

INTRUSION WORKSHEET

NOTE: SKETCH INTRUDED AREAS



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	INTRUSION	
		-		=	
		No Intrusions			
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	

Document no more than the 15 most severe intrusions

STEERING COLUMN

INSTRUMENT PANEL

87. Steering Column Type 2

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____

(9) Unknown

88. Tilt Steering Column Adjustment 1

- (0) No tilt steering column
 (1) Full up
 (2) Between full up and center
 (3) Center
 (4) Between center and full down
 (5) Full down
 (9) Unknown

89. Telescoping Steering Column Adjustment 0

- (0) No telescoping steering column
 (1) Full back
 (2) Between full back and midpoint
 (3) Midpoint
 (4) Between midpoint and full forward
 (5) Full forward
 (9) Unknown

90. Steering Rim/Spoke Deformation 00

- Code actual measured
 deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

91. Location of Steering Rim/Spoke Deformation 00

(00) No steering rim deformation

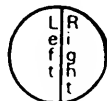
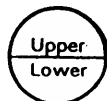
Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D



Half Sections

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

92. Odometer Reading 0 47,000

_____ kilometers

Code to the nearest 1,000 kilometers

- (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown

29,254 miles X 1.6093 = 47,080 kilometersSource: ODOMETER93. Instrument Panel Damage from Occupant Contact? 1

- (0) No
 (1) Yes
 (9) Unknown

94. Type of Knee Bolster Covering 2

- (0) No knee bolster
 (1) Padded
 (2) Rigid plastic
 (8) Other (specify): _____
 (9) Unknown

95. Knee Bolsters Deformed from Occupant Contact? 1

- (0) No knee bolster
 (1) No deformation
 (2) Yes - deformation
 (9) Unknown

96. Did Glove Compartment Door Open During Collision(s)? 1

- (0) No glove compartment door
 (1) No - door did not open
 (2) Yes - door opened
 (9) Unknown

97. Adaptive (Assistive) Driving Equipment 0

- (0) No adaptive driving equipment
 (1) Adaptive driving equipment installed
 (Check all that apply.)

- [] Hand controls for braking/acceleration
 [] Steering control devices (attached to OEM steering wheel)
 [] Steering knob attached to steering wheel
 [] Low effort power steering (unit or device)
 [] Replacement steering wheel (i.e., reduced diameter)
 [] Joy-stick steering controls
 [] Wheelchair tie-downs
 [] Modification to seat belts (specify): _____

[] Additional or relocated switches (specify): _____

- [] Raised roof
 [] Wall-mounted head rest (used behind wheelchair)
 [] Other adaptive device (specify): _____

(9) Unknown

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data *for the driver and first seat passenger* in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
A-Type of air bag?	1	1
B-Flaps open at tear points?	2	2
C-Flaps damaged?	1	2
D-Air bag damaged?	01	01
E-Source of air bag damage	01	01
F-Air bag tethered?	1	2
G-Air bag have vent ports?	2	2
H-Other occupant contact air bag?	1	1
I-Occupant wearing eyewear?	1	1

A-Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

B-Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

C-Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): CRACKED UNDERSIDE
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

D-Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):

- (95) Damaged, details unknown
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

E-Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):

- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):
- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

F-Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps): 2
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

G-Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports): 2 + 2
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

H-Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

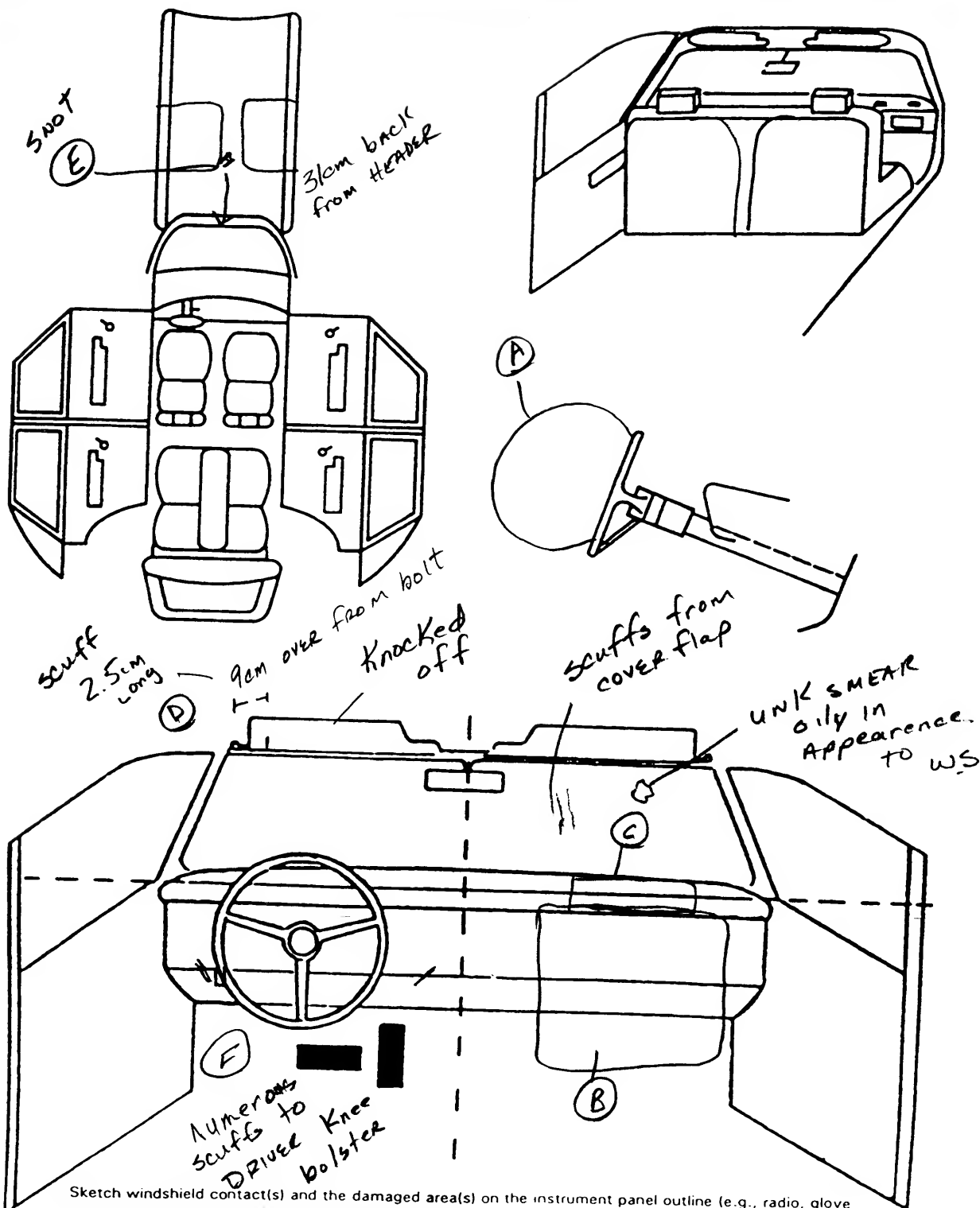
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

I-Was This Occupant Wearing Eye-wear?

- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	170	1	FACE	oil / skin transfer	1
B	180	2	FACE/NECK	" " "	1
C	185	2	NECK	oil smear, crack underside	1
D	205	1	HEAD	scuff skin transfer	1
E	205	UNK		snot / mucous	3
F	010	1	Knees	scuffs numerous	3
G					
H					
I					
J					
K					
L					
M					
N					

FRONT

- (001) Windshield
 (002) Mirror
 (003) Sunvisor
 (004) Steering wheel rim
 (005) Steering wheel hub/spoke
 (006) Steering wheel (combination of codes 004 and 005)
 (007) Steering column, transmission selector lever, other attachment
 (008) Cellular telephone or CB radio
 (009) Add on equipment (e.g., tape deck, air conditioner)
 (010) Left instrument panel and below
 (011) Center instrument panel and below
 (012) Right instrument panel and below
 (013) Glove compartment door
 (014) Knee bolster
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (017) Windshield reinforced by exterior object, (specify):
 (019) Other front object (specify):

CODES FOR INTERIOR COMPONENTS

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
 (052) Left side hardware or armrest
 (053) Left A (A1/A2)-pillar
 (054) Left B-pillar
 (055) Other left pillar (specify):
 (056) Left side window glass
 (057) Left side window frame
 (058) Left side window sill
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (060) Other left side object (specify):
 RIGHT SIDE
 (101) Right side interior surface, excluding hardware or armrests
 (102) Right side hardware or armrest
 (103) Right A (A1/A2)-pillar
 (104) Right B-pillar
 (105) Other right pillar (specify):
 (106) Right side window glass
 (107) Right side window frame
 (108) Right side window sill
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
 (152) Belt restraint webbing/buckle
 (153) Belt restraint B-pillar or door frame attachment point
 (154) Other restraint system component (specify):
 (155) Head restraint system
 (160) Other occupants (specify):
 (161) Interior loose objects
 (162) Child safety seat (specify):
 (163) Other interior object (specify):
 AIR BAG
 (170) Air bag-driver side
 (175) Air bag compartment cover-driver side
 (180) Air bag-passenger side
 (185) Air bag compartment cover-passenger side
 (190) Other air bag (specify):
 (195) Other air bag compartment cover (specify):

ROOF

- (201) Front header
 (202) Rear header
 (203) Roof left side rail
 (204) Roof right side rail
 (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
 (252) Floor or console mounted transmission lever, including console
 (253) Parking brake handle
 (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
 (302) Backlight storage rack, door, etc.
 (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
 (402) Steering control devices (attached to OEM steering wheel)
 (403) Steering knob attached to steering wheel
 (405) Replacement steering wheel (i.e., reduced diameter)
 (406) Joy stick steering controls
 (407) Wheelchair tie-downs
 (408) Modification to seat belts, (specify):
 (409) Additional or relocated switches, (specify):
 (410) Raised roof
 (411) Wall mounted head rest (used behind wheel chair)
 (412) Other adaptive device (specify):

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
 (2) Probable
 (3) Possible
 (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Frontal Air Bags--Left Front	Frontal Air Bags--Right Front	Other Air Bag
F I R S T	Availability/Function	/	/	
	Deployment	/	/	
	Failure	/	/	

Air Bag System Availability/Function

(0) Not equipped/not available

(1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled

(9) Unknown

Air Bag System Deployment**(This Occupant Position)**

(0) Not equipped/not available

(1) Deployed during accident (as a result of impact)

(2) Deployed inadvertently just prior to accident

(3) Deployed, accident sequence undetermined

(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

(5) Unknown if deployed

(7) Nondeployed

(9) Unknown

Are There Indications of Air Bag**System Failure? (This Occupant Position)**

(0) Not equipped/not available

(1) No

(2) Yes (specify): _____

(9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	A-Availability/Function	/	/
	B-Use	/	/
	C-Type	/	/
	D-Proper Use	/	/
	E-Failure Modes	/	/

A-Automatic (Passive) Belt System Availability/Function

(0) Not equipped/not available

(1) 2 point automatic belts

(2) 3 point automatic belts

(3) Automatic belts - type unknown

Non-functional

(4) Automatic belts destroyed or rendered inoperative

(9) Unknown

B-Automatic (Passive) Belt System Use

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Automatic belt in use

(2) Automatic belt not in use (manually disconnected, motorized track inoperative)

(3) Automatic belt use unknown

(9) Unknown

C-Automatic (Passive) Belt System Type

(0) Not equipped/not available

(1) Non-motorized system

(2) Motorized system

(9) Unknown

D-Proper Use of Automatic (Passive) Belt System

(0) Not equipped/not available/not used

(1) Automatic belt used properly

(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

(3) Automatic shoulder belt worn under arm

(4) Automatic shoulder belt worn behind back

(5) Automatic belt worn around more than one person

(6) Lap portion of automatic belt worn on abdomen

(7) Automatic lap and shoulder belt or

automatic shoulder belt used

improperly

with child safety seat (specify): _____

(8) Other improper use of automatic belt system (specify): _____

(9) Unknown

E-Automatic (Passive) Belt Failure Modes During Accident

(0) Not equipped/not available/not in use

(1) No automatic belt failure(s)

(2) Torn webbing (stretched webbing not included)

(3) Broken buckle or latchplate

(4) Upper anchorage separated

(5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other automatic belt failure (specify): _____

(9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a child safety seat is present, encode the data on the back of this page 11.

If the vehicle has automatic restraints available, encode the appropriate data on page 6.

		Left	Center	Right
FIRST	A-Availability	4		4
	B-Evidence of usage	04		04
	C-Used in this crash?	00		00
	D-Proper Use	0		0
	E-Failure Modes	0		0
	F-Anchorage Adjustment	1		1
SECOND	A-Availability	4	0	4
	B-Evidence of usage	04		04
	C-Used in this crash?	00		00
	D-Proper Use	0		0
	E-Failure Modes	0		0
	F-Anchorage Adjustment	1		1
OTHER	A-Availability			
	B-Evidence of usage			
	C-Used in this crash?			
	D-Proper Use			
	E-Failure Modes			
	F-Anchorage Adjustment			

A-Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

- (9) Unknown

B/C-Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify):
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

D-Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify):
- (9) Unknown

E-Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

F-Shoulder Belt Upper Anchorage Adjustment

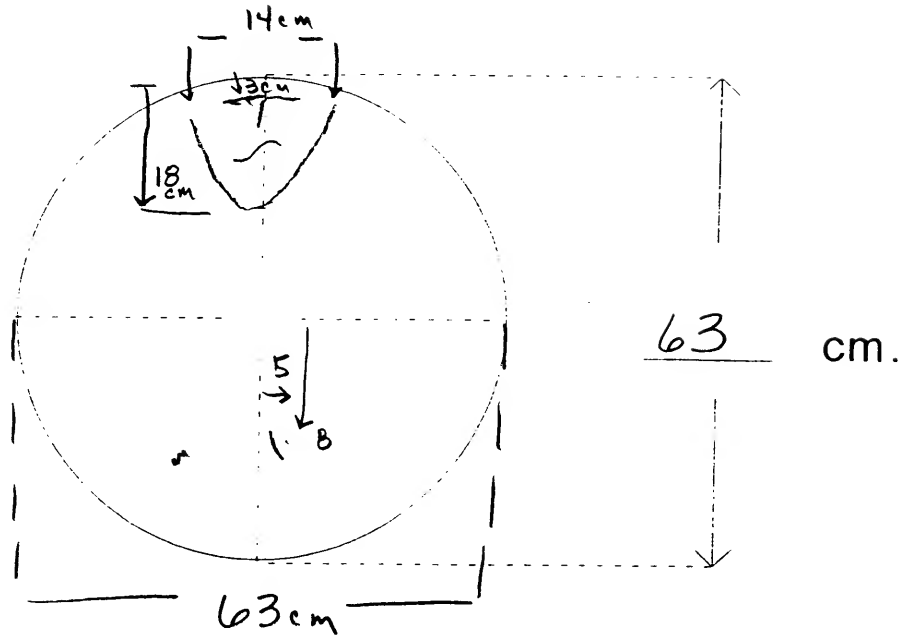
- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

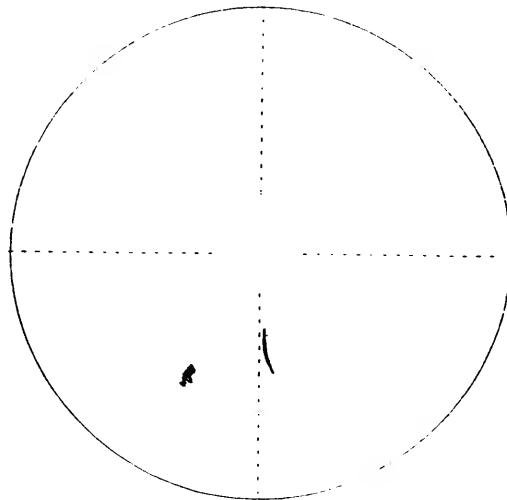
- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



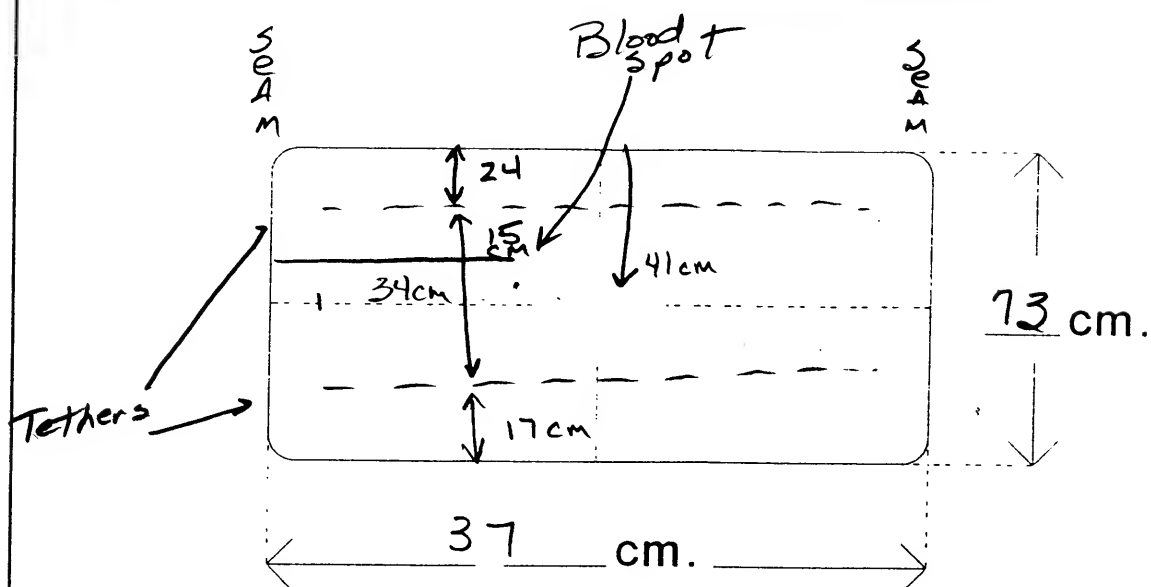
2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)



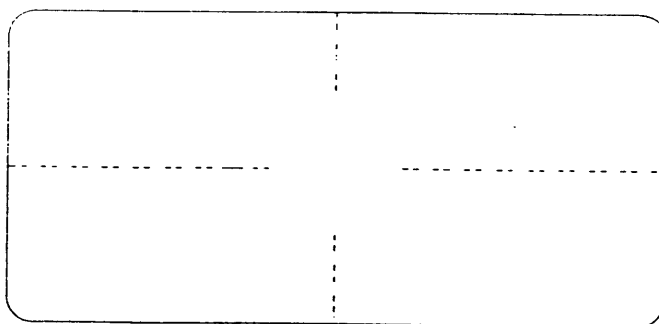
3. NUMBER OF DRIVER AIR BAG TETHER STRAPS? 0 WIDTH OF TETHER STRAP? _____ cm

PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)

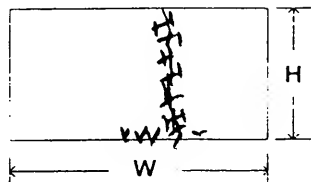


2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)

3. NUMBER OF PASSENGER AIR BAG TETHER STRAPS? 2WIDTH OF TETHER STRAP? 33 cm

PASSENGER AIR BAG SKETCHES (Cont'd)

3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

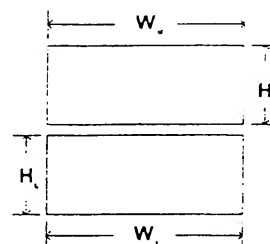
width (W) 35 cmheight (H) 22 cm

OIL/GREASY
5 METERS
IF
CREASE

4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

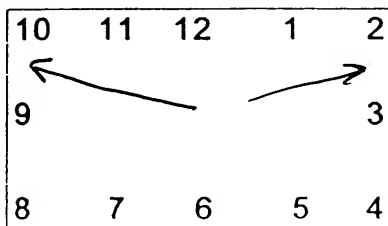
b. Lower Flap

width (W_U) _____width (W_L) _____height (H_U) _____height (H_L) _____

5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS

8. NUMBER OF AIR BAG VENT PORTS? 2 cm9. DIAMETER OF AIR BAG VENT PORTS? 6 cm10. DISTANCE BETWEEN FRONT OF DASH AND LEADING (I.E., CLOSEST) EDGE OF MODULE'S COVER FLAP? 2 cm

"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

"OTHER" AIR BAG SKETCHES (Cont'd)

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG

4. SKETCH AIR BAG VENT PORTS

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	A-Head Restraint Type/Damage	1		1
	B-Seat Type	02		02
	C-Seat Orientation	1		1
	D-Seat Track Position	4		6
	E-Seat Back Incline Pre/Post Impact	23		23
	F-Seat Performance	1		1
SECOND	A-Head Restraint Type/Damage	0	0	0
	B-Seat Type	05		05
	C-Seat Orientation	1		1
	D-Seat Track Position	1		1
	E-Seat Back Incline Pre/Post Impact	01		01
	F-Seat Performance	1		1
THIRD	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			
OTHER	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE

(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

PASS. seat TRACK 14cm

DRIVER " " 25cm

MOVED pre-inspection
by body shop mgr

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation		N	O	N	E	
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat
 (7) Other type child safety seat (specify):

 (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
 Designed for Rear Facing for This Age/Weight
 (01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

 (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

- (29) Unknown orientation

- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market harness/shield/tether added
 (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

HEAD RESTRAINTS/SEAT EVALUATION**A-Head Restraint Type/Damage by Occupant at This Occupant Position**

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other
Specify: _____
- (9) Unknown

B-Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Box mounted seat (i.e., van type)
- (10) Other seat type (specify): _____
- (99) Unknown

C-Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

D-Seat Track Adjusted Position Prior To Impact

- (0) Occupant not seated or no seat

- (1) Non-adjustable seat track

Adjustable Seat Track

- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

E-Seat Back Incline Prior and Post Impact

- (00) Occupant not seated or no seat
- (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

Slightly reclined prior to impact

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position

- (99) Unknown

F-Seat Performance (this Occupant Position)

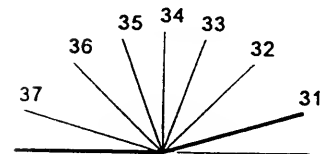
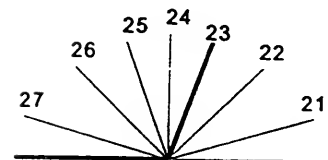
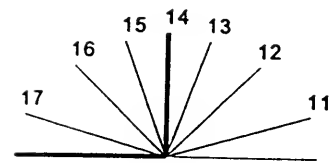
- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____

- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____

- (7) Combination of above (specify): _____

- (8) Other (specify): _____

- (9) Unknown

Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No ☒ Yes []

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown**Ejection Medium**

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown**Medium Status (Immediately Prior to Impact)**

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No ☒ Yes []

Describe entrapment mechanism: _____

Component(s): _____

(Note on vehicle interior sketch)

NASS CDS VEHICLE FORMS: VEHICLE #2



GENERAL VEHICLE FORM

BEST AVAILABLE

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9624

3. Vehicle Number

02

VEHICLE IDENTIFICATION

4. Vehicle Model Year

Code the last two digits of the model year
(99) Unknown

88

5. Vehicle Make (specify):

Plymouth
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

09

6. Vehicle Model (specify):

Reliant LE
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

011

7. Body Type

Note: Applicable codes may be found on
the back of this page.

06

8. Vehicle Identification Number

1P3BP49K8JE

Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

9. Vehicle Special Use (This Trip)

- (0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify):
(9) Unknown

0

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition

- (0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

0

11. Police Reported Travel Speed

Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

999

___ mph X 1.6093 = ___ kmph

12. Speed Limit

- (000) No statutory limit
Code posted or statutory speed limit in kmph
(999) Unknown

056

35 mph X 1.6093 = 56 kmph

13. Police Reported Alcohol Presence For Driver

- (0) No alcohol present
(1) Yes alcohol present
(7) Not reported
(8) No driver present
(9) Unknown

0

14. Alcohol Test Result For Driver

- Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

96

Source:

PAR

15. Police Reported Other Drug Presence For Driver

- (0) No other drug(s) present
(1) Yes other drug(s) present
(7) Not reported
(8) No driver present
(9) Unknown

0

16. Other Drug Specimen Test Result For Driver

- (0) No specimen test given
(1) Drug(s) not found in specimen
(2) Drug(s) found in specimen, (specify):
(3) Specimen test given, results unknown or not
obtained
(8) No driver present
(9) Unknown if specimen test given

0

17. Driver's Zip Code

(00001) Driver not a resident of U.S. or territories

Code actual 5-digit zip code
(99998) No driver present
(99999) Unknown

18. Driver's Race/Ethnic Origin

- (1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(7) Other (specify):

1

- (8) No driver present
(9) Unknown

CODES FOR BODY TYPE

BEST AVAILABLE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,536$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,536$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,536$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,536$ kgs GVWR)
- (24) Van based school bus ($\leq 4,536$ kgs GVWR)
- (25) Van based other bus ($\leq 4,536$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,536$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,536$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,536$ kgs GVWR)

- (60) Step van ($> 4,536$ kgs GVWR)
- (61) Single unit straight truck ($4,536$ kgs $<$ GVWR $\leq 8,845$ kgs)
- (62) Single unit straight truck ($8,845$ kgs $<$ GVWR $\leq 11,793$ kgs)
- (63) Single unit straight truck ($> 11,793$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 2
 (0) Non-interchange area and non-junction
 (1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
 (3) Driveway, alley access related
 (4) Other junction (specify) _____

(5) Unknown type of junction _____

(9) Unknown

20. Trafficway Flow 0
 (0) Not physically divided (two way traffic)
 (1) Divided trafficway-median strip without positive barrier
 (2) Divided trafficway-median strip with positive barrier
 (3) One way traffic
 (9) Unknown

21. Number Of Travel Lanes 3
 (1) One
 (2) Two
 (3) Three
 (4) Four
 (5) Five
 (6) Six
 (7) Seven or more
 (9) Unknown

22. Roadway Alignment 1
 (1) Straight
 (2) Curve right
 (3) Curve left
 (9) Unknown

23. Roadway Profile 2
 (1) Level
 (2) Uphill grade (> 2%) *2.3% e impact*
 (3) Hill crest
 (4) Downhill grade (> 2%)
 (5) Sag
 (9) Unknown

24. Roadway Surface Type 2
 (1) Concrete
 (2) Bituminous (asphalt)
 (3) Brick or block
 (4) Slag, gravel, or stone
 (5) Dirt
 (8) Other (specify): _____
 (9) Unknown

25. Roadway Surface Condition 1

- (1) Dry
 (2) Wet
 (3) Snow or slush
 (4) Ice
 (5) Sand, dirt, or oil
 (8) Other (specify): _____
 (9) Unknown

26. Light Conditions 1

- (1) Daylight
 (2) Dark
 (3) Dark, but lighted
 (4) Dawn
 (5) Dusk
 (9) Unknown

27. Atmospheric Conditions 0

- (0) No adverse atmospheric-related driving conditions
 (1) Rain
 (2) Sleet/hail
 (3) Snow
 (4) Fog
 (5) Rain and fog
 (6) Sleet and fog
 (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
 (9) Unknown

28. Traffic Control Device 1

- (0) No traffic control(s)
 (1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
 (3) Yield sign
 (4) School zone sign
 (5) Other regulatory sign (specify): _____

- (6) Warning sign (not RR crossing)
 (7) Unknown sign
 (8) Miscellaneous/other controls including RR controls (specify): _____

(9) Unknown

29. Traffic Control Device Functioning 2

- (0) No traffic control device
 (1) Traffic control device not functioning (specify): _____

- (2) Traffic control device functioning properly
 (9) Unknown

PRECRAASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving (Prior To Recognition Of Critical Event) 0 2
- (00) No driver present
 (01) Attentive or not distracted
 (02) Looked but did not see
- Distractions*
- (03) By other occupant(s), (specify): _____
- (04) By moving object in vehicle (specify): _____
- (05) While talking or listening to cellular phone (specify location and type of phone): _____
- (06) While dialing cellular phone (specify location and type of phone): _____
- (07) While adjusting climate controls
- (08) While adjusting radio, cassette, CD (specify): _____
- (09) While using other device/controls integral to vehicle (specify): _____
- (10) While using or reaching for device/object brought into vehicle (specify): _____
- (11) Sleepy or fell asleep
- (12) Distracted by outside person, object, or event (specify): _____
- (13) Eating or drinking
- (14) Smoking related
- (97) Distracted/inattentive, details unknown
- (98) Other, distraction (specify): _____
- (99) Unknown

31. Pre-Event Movement (Prior to Recognition of Critical Event) 1 1
- (00) No driver present
 (01) Going straight
 (02) Decelerating in traffic lane
 (03) Accelerating in traffic lane
 (04) Starting in traffic lane
 (05) Stopped in traffic lane
 (06) Passing or overtaking another vehicle
 (07) Disabled or parked in travel lane
 (08) Leaving a parking position
 (09) Entering a parking position
 (10) Turning right
 (11) Turning left
 (12) Making a U-turn
 (13) Backing up (other than for parking position)
 (14) Negotiating a curve
 (15) Changing lanes
 (16) Merging
 (17) Successful avoidance maneuver to a previous critical event
- (97) Other (specify): _____
- (99) Unknown

32. Critical Precrash Event 1 5

THIS VEHICLE LOSS OF CONTROL DUE TO:

- (01) Blow out or flat tire
 (02) Stalled engine
 (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

THIS VEHICLE TRAVELLING

- (10) Over the lane line on left side of travel lane
 (11) Over the lane line on right side of travel lane
 (12) Off the edge of the road on the left side
 (13) Off the edge of the road on the right side
 (14) End departure
 (15) Turning left at intersection
 (16) Turning right at intersection
 (17) Crossing over (passing through) intersection
 (18) This vehicle decelerating
 (19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
 (51) Traveling in same direction with lower steady speed
 (52) Traveling in same direction while decelerating
 (53) Traveling in same direction with higher speed
 (54) Traveling in opposite direction
 (55) In crossover
 (56) Backing
 (59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
 (61) From adjacent lane (same direction)—over right lane line
 (62) From opposite direction—over left lane line
 (63) From opposite direction—over right lane line
 (64) From parking lane
 (65) From crossing street, turning into same direction
 (66) From crossing street, across path
 (67) From crossing street, turning into opposite direction
 (68) From crossing street, intended path not known
 (70) From driveway, turning into same direction
 (71) From driveway, across path
 (72) From driveway, turning into opposite direction
 (73) From driveway, intended path not known
 (74) From entrance to limited access highway
 (78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

- (80) Pedestrian in roadway
 (81) Pedestrian approaching roadway
 (82) Pedestrian—unknown location
 (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

OBJECT OR ANIMAL

- (87) Animal in roadway
 (88) Animal approaching roadway
 (89) Animal—unknown location
 (90) Object in roadway
 (91) Object approaching roadway
 (92) Object—unknown location
 (98) Other critical precrash event (specify): _____
- (99) Unknown

33. Attempted Avoidance Maneuver 01

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify):

(99) Unknown

34. Pre-Impact Stability 1

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify):

(9) Precrash stability unknown

35. Pre-Impact Location 1

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

36. Accident Type 68

(Note: Applicable codes on back of this page)

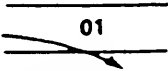
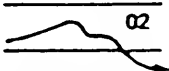
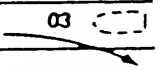
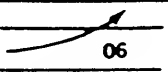
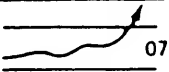
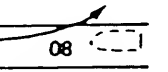
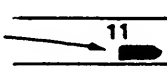

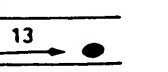
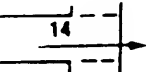
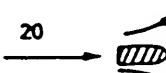
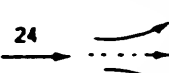
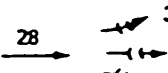

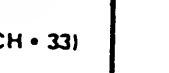
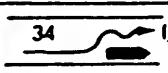
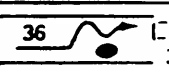
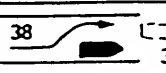

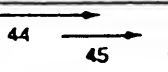

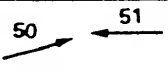
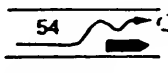
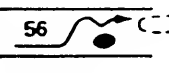

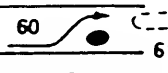

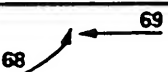
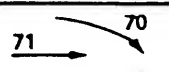
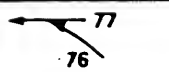
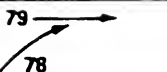
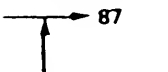

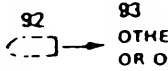

(00) No impact

Code the number of the diagram that best describes the accident circumstance

(98) Other accident type (specify):

(99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Category	Configuration	ACCIDENT TYPES (Includes Intent)						
I Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN		
	B Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN		
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN	
II Same Trafficway Same Direction	D Rear-End	 20 STOPPED 21, 22, 23			 24 SLOWER 25, 26, 27	 28 DECEL. 29, 30, 31	 30 SPECIFICS OTHER	 31 SPECIFICS UNKNOWN
	E Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER	(EACH • 43) SPECIFICS UNKNOWN	
	F Sideswipe Angle	 44 LATERAL MOVE			 46 LATERAL MOVE	(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN	
III Same Trafficway Opposite Direction	G Head-On	 50 LATERAL MOVE		(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN			
	H Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER	(EACH • 63) SPECIFICS UNKNOWN	
	I Sideswipe Angle	 64 LATERAL MOVE		(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN			
IV Change Trafficway Vehicle Turning	J Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS		 70 INITIAL SAME DIRECTIONS		(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN	
	K Turn Into Path	 76 TURN INTO SAME DIRECTION		 78 TURN INTO OPPOSITE DIRECTIONS		(EACH • 84) SPECIFICS OTHER	(EACH • 85) SPECIFICS UNKNOWN	
V Intersecting Paths (Vehicle Damage)	L Straight Paths	 86 SPECIFICS OTHER		 88 SPECIFICS OTHER		(EACH • 90) SPECIFICS UNKNOWN	(EACH • 91) SPECIFICS UNKNOWN	
VI Miscellaneous	M Backing Etc	 92 BACKING VEH.		 93 OTHER VEH. OR OBJECT		98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
38. Number of Occupants This Vehicle 04
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
39. Number of Occupant Forms Submitted 00

AIR BAG RELATED

40. Is this an AOPS Vehicle? 0
 (0) No (includes unknown)
 (1) Yes - researcher determined
 (2) VIN determined air bag system
 (3) VIN determined automatic (passive) belts
 (4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 0
 (0) Not equipped or not available
 (1) No air bags deployed
Single Air Bag Vehicle
 (2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
 (4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1.140
2,508 Code weight to nearest 10 kilograms.
 (045) Less than 454 kilograms
 (612) 6,124 kilograms or more
 (999) Unknown
2,508 lbs X .4536 = 1,138 kgs
 Source: _____

44. Vehicle Cargo Weight 000
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (454) 4,536 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = _____ kgs
 Source: _____

ROLLOVER DATA

45. Rollover 00
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 (17) Rollover, 17 or more quarter turns (specify): _____
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown
46. Rollover Initiation Type 00
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type (specify): _____
 (98) Rollover--end-over-end
 (99) Unknown rollover initiation type
47. Location of Rollover Initiation 0
 (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (8) Rollover--end-over-end
 (9) Unknown
48. Rollover Initiation Object Contacted 00
 (Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
 (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (6) Non-contact rollover forces (specify): _____
 (8) Rollover--end-over-end
 (9) Unknown
50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover--end-over-end
 (9) Unknown roll direction

OVERRIDE/UNDERRIDE (THIS VEHICLE)51. Front Override/Underride (this Vehicle) 052. Rear Override/Underride (this Vehicle) 0

(0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride

*Override (see specific CDC)**(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))*

(1) 1st CDC

(2) 2nd CDC

(3) Other not automated CDC (specify):
_____*Underride (see specific CDC)**(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))*

(4) 1st CDC

(5) 2nd CDC

(6) Other not automated CDC (specify):

(7) Medium/heavy truck or bus override (of any configuration)

(9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value

(996) Non-horizontal impact

(997) Noncollision

(998) Impact with object

(999) Unknown

53. Heading Angle For This Vehicle 22054. Heading Angle For Other Vehicle 075**RECONSTRUCTION DATA**55. Towed Trailing Unit 0

(0) No towed unit

(1) Yes—towed trailing unit

(9) Unknown

56. Documentation of Trajectory Data for This Vehicle 0

(0) No

(1) Yes

57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0

(0) Not collision (for highest delta V) with tree or pole

(1) Not damaged

(2) Cracked/sheared

(3) Tilted < 45 degrees

(4) Tilted ≥ 45 degrees

(5) Uprooted tree

(6) Separated pole from base

(7) Pole replaced

(8) Other (specify):

(9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V58. Basis for Total (Resultant) Delta V (highest) 01

(00) No vehicle inspection

Delta V Calculated

(01) Reconstruction program-damage only routine

(02) Reconstruction program-damage and trajectory routine

(03) Missing vehicle algorithm

Delta V Not Calculated

(04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

(05) Rollover

(06) Other non-horizontal forces

(07) Sideswipe type damage

(08) Severe override

(09) Yielding object

(10) Overlapping damage

(11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):

_____(98) Other, (specify):

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V

Highest

13 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

60. Longitudinal Component of Delta V

Highest

-12 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means greater than
 -0.5 kmph and less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (999) Unknown

61. Lateral Component of Delta V

Highest

-6 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means greater than -0.5 kmph and
 less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (999) Unknown

62. Energy Absorption

Highest

11544 Nearest 100 joules (highest) Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
 (9997) 999,650 joules or more
 (9999) Unknown

63. Impact Speed

Highest

998 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (998) Trajectory algorithm not run
 (999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program Results (For Highest Delta V)

- (0) No reconstruction 1
 (1) Collision fits model — results appear reasonable
 (2) Collision fits model — results appear high
 (3) Collision fits model — results appear low
 (4) Borderline reconstruction — results appear reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed

Highest

14.6 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

ESTIMATED DELTA V	INSPECTION TYPE
<p>66. Estimated Highest Delta V (Researcher Determined) <u>2</u></p> <p>(0) Reconstruction Delta V coded</p> <p><i>Estimated Delta V</i></p> <p>(1) Less than 10 kmph</p> <p>(2) ≥ 10 kmph but < 25 kmph</p> <p>(3) ≥ 25 kmph but < 40 kmph</p> <p>(4) ≥ 40 kmph but < 55 kmph</p> <p>(5) ≥ 55 kmph</p> <p><i>Other estimates of damage severity</i></p> <p>(6) Minor</p> <p>(7) Moderate</p> <p>(8) Severe</p> <p>(9) Unknown</p>	<p>67. Type of Vehicle Inspection <u>3</u></p> <p>(0) No inspection</p> <p>(1) Vehicle fully repaired-no damage evident</p> <p>(2) Partial inspection (specify): _____</p> <p>(3) Complete inspection</p>
	DELTA V EVENT NUMBER
	<p>68. Delta V Event Number <u>1</u></p> <p>_____ Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle</p> <p>(99) Unknown</p>
<p>*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), ***</p> <p>DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS</p> <p>*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***</p> <p>THE EXTERIOR VEHICLE, INTERIOR VEHICLE, OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.</p>	

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Administration		CRASHWORTHINESS DATA SYSTEM	
1. Primary Sampling Unit Number	<u>1</u> <u>0</u>	3. Vehicle Number	<u>0</u> <u>2</u>
2. Case Number - Stratum	<u>9</u> <u>6</u> <u>2</u> <u>6</u>		

VEHICLE IDENTIFICATION

VIN 1P3BP49K8JF _____ Model Year 88
Vehicle Make (specify): Plymouth Vehicle Model (specify): Reliant LE

LOCATOR

Locate the end of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
01	starts 43cm (L) of center	across front bumper	

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>100.4</u>	inches x 2.54 =	<u>255.0</u> cm
Overall Length	<u>178.5</u>	inches x 2.54 =	<u>453.4</u> cm
Maximum Width	<u>66.0</u>	inches x 2.54 =	<u>167.6</u> cm
Curb Weight	<u>2,508</u>	pounds x 0.4536 =	<u>1,137.6</u> kg
Average Track	<u>57.4</u>	inches x 2.54 =	<u>145.8</u> cm
Front Overhang	<u>37.8</u>	inches x 2.54 =	<u>96</u> cm
Rear Overhang	<u>40.2</u>	inches x 2.54 =	<u>102</u> cm
Undeformed End Width	<u>60.6</u>	inches x 2.54 =	<u>154</u> cm
Engine Size: cyl/displ.	<u> </u>	cc x 0.001 =	<u>2.5</u> L EFI
6-passenger, 2.5 L 4-cyl	<u>153</u>	CID x 0.0164 =	<u>2.5</u> L

Curb Weight

2.2 L, unknown transmission

2,508

Branham's Shipping Weight

2.2 L, 5-speed manual

2,442

Weight 2.2 L → 2.5 L

Unknown

Weight for auto transmission

Unknown

SPECIAL CRASH INVESTIGATION ADDENDUM

Submodel Designation: {specify}

Color: {specify}

Repair Cost: \$

Transmission: {circle} Automatic

Manual

Speed: 3-speed | 4-speed | 5-speed | Other:

Steering: {circle}

Power-assisted

Manual

Type: rack-and-pinion | worm-and-gear | Other

(please describe):

Brakes: {circle}

Power-assisted

Manual

Type: 4-wheel disc | 4-wheel drum | 4-wheel hydraulic
| front disc, rear drum | Other:

Observed Defects: {specify}

Fleet Type: {circle} Private vehicle | Rental vehicle | Leased vehicle | Commercial vehicle | Other

(please describe):

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE a. Rotation physically restricted b. Tire deflated RF <u>2</u> RF <u>2</u> LF <u>2</u> LF <u>2</u> RR <u>2</u> RR <u>2</u> LR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		ORIGINAL SPECIFICATIONS Wheelbase <u>255</u> cm Overall Length <u>453</u> cm Maximum Width <u>168</u> cm Curb Weight <u>1138</u> kg Average Track <u>146</u> cm Front Overhang <u>96</u> cm Rear Overhang <u>102</u> cm Undeformed End Width <u>154</u> cm Engine Size: cyl./displ. <u>L4 2.5</u> L		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF ± _____ ° LF ± _____ ° RR ± _____ ° LR ± _____ ° Within ± 5 degrees	
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD		Approximate Cargo Weight _____ kg	

MEASUREMENTS IN CENTIMETERS

Original Bumper height

Induced from door opening

POST-CRASH

Bumper corner 86 Stringline 97

Bumper corner 98 Stringline

POST-CRASH

Bumper corner 98 POST-CRASH 253 Bumper corner 68 Stringline 101

58 cm

NOTES Sketch new penmeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of stations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page. Annotate any damage caused by extinction such as component removal by torching, prying, or hydraulic shears.

Type of Body Pass. Cap.	Model	O'r-all Length	Ship. Wt.	Cu. Ft. Vol.	Factory Ret. Pr.	Factory Del'd Pr.
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1987

PLYMOUTH Gran Fury, V-8, 5.2 Liter, 318 CID, 2-bbl. Gas (ELA)
Bore & Stroke 3.91"x3.31"; Tax. H.P. 48.9; P.D. 318 cu. in., 5.2 Liter

Gran Fury Salon—112.6" w.b., 3-Spd. Auto. Trans.

6-Ps. 4-dr. Sedan MBL41 204.6" 3,481 472.3 \$10,598.00

1987 Gran Fury Optional Equip.: Vinyl Roof, Full, \$200; Popular Equip. Pkg., Net \$597; Salon Luxury Pkg., \$545; Air Conditioning, \$837; R. Window Defroster, \$148; Emission Control, \$99; Power Door Locks, \$195; Power Windows, \$285; Radio: AM/FM, \$155; w/Stereo, \$399; w/Ultimate Sound, \$609; Auto. Speed Control, \$179; Tilt Steering Column, \$125.

1988

(Prices effective August 27, 1987)

PLYMOUTH RELIANT AMERICA—2.2 L., 4-Cyl. (135) EFI Gas Eng. (Aug. 27, 1987)

Bore & Stroke 3.44"x3.62"; Tax. H.P. 18.92; P.D. 135 cu. in., 2.2 Liter

—100.3" w.b., Manual Trans.

4-Ps. 2-dr. Sedan	KPH21	NA	NA		\$6,995.00	\$7,405.00
4-Ps. 4-dr. Sedan	KPH41	NA	NA		6,995.00	7,405.00
6-Ps. 4-dr. Wagon	KPH45	NA	NA		7,695.00	8,105.00

Engine: w/Torqueflight Trans., 2.5 L., 4-Cyl. EFI, \$288; Air Conditioning, \$807;

Tinted Glass, \$124; Defroster, \$153; Calif. Emissions Systems, \$102; Radios: AM/FM Stereo, w/Cassette, \$262; Power Steering, \$248.

PLYMOUTH SUNDANCE, RELIANT, CARAVELLE, HORIZON—2.2 L. 4-Cyl. (135) EDF Chrysler EFI Eng.)
Bore & Stroke 3.44"x3.62"; Tax. H.P. 18.92; 135 cu. in., 2.2 Liter

SUNDANCE—97" w.b., 5-Spd. Man. Trans., FWD

5-Ps. 2-dr. Hatchback (Highline)	PH24	171.7"	2,444	352.4	\$7,975.00	\$8,390.00
5-Ps. 4-dr. HB (Highline)	PH44	171.7"	2,474	352.4	8,175.00	8,590.00
5-Ps. 2-dr. HB (Lowline)	PL24	171.7"	2,444	352.4	NA	NA
5-Ps. 4-dr. HB (Lowline)	PL44	171.7"	2,474	352.4	NA	NA

RELIANT LE—100.3" w.b., FWD 5-Spd. Man. Trans.

5-Ps. 2-dr. Sedan FWD	PH21	178.6"	2,338	369.0	\$8,364.00	\$8,793.00
5-Ps. 4-dr. Sedan FWD	PH41	178.6"	2,342	372.0	8,364.00	8,793.00
5-Ps. 4-dr. Wagon FWD, 2-st.	PH45	178.5"	2,442	374.0	9,176.00	9,605.00

CARAVELLE—103.3" w.b., FWD, Auto. Trans.

6-Ps. 4-dr. Sedan, FWD JM41 185.2" 2,532 387.0 \$10,659.00 \$11,099.00

CARAVELLE SE—2.5 L. (153) EDM Chrysler EFI Eng., Auto. Trans., 103.3" w.b.

6-Ps. 4-dr. SE Sedan, FWD JH41 185.2" 2,567 387.0 \$11,628.00 \$12,068.00

HORIZON—99.1" w.b., FWD, 5-Spd. Man. Trans.

5-Ps. 4-dr. Hatchback, FWD ME44 163.2" 2,199 334.4 \$6,318.00 \$6,641.00

SUNDANCE, RELIANT, CARAVELLE, HORIZON Optional Equipment

	Fact. List	PH	PL	PH 21/41/45	JM	JH	ME
2.2 L. (135) EDG Turbo Eng. Pkg.	\$412	P	P	S	E	NA	NA
2.5 L. (135) EDM EFI Gas	288	E	E	E	E	S	NA
Auto. Trans.	546	E	E	Pkg.	NA	NA	NA
Air Conditioning (Reg. GAC)	716	E	E	807	807	807	NA
Sun Roof	377	E	E	NA	NA	NA	NA
Power Windows	NA	NA	NA	NA	NA	NA	NA
Power Steering	248	NA	NA	248	NA	NA	NA
Power Door Locks	150/201	E/NA	NA/E	NA	NA	NA	NA
Power Seat, Left	248	NA	NA	NA	NA	E	NA
Speed Control	NA	NA	NA	NA	NA	NA	NA
Radio—AM/FM Cassette	252	E	E	262	262	262	NA

PLYMOUTH GRAN FURY RWD, 5.2 L. V8 (318) ELA Chrysler, 2-bbl. Gas Eng.,
Bore & Stroke 3.91"x3.31"; Tax. H.P. 48.9; P.D. 318 cu. in., 5.2 Liter

GRAN FURY SALON—112.6" w.b., Auto. Trans., RWD

6-Ps. 4-dr. Value Model Sedan	BE41	204.6"	3,498	472.34	\$12,127.00	\$12,622.00
6-Ps. 4-dr. Sedan	BL41	204.6"	3,486	472.33	11,407.00	11,902.00

GRAN FURY Optional Equip.: Engines: 5.2 L. V8 (318) ELD, 2-bbl., \$NA; 5.2 L. V8 (318) ELE, 4-bbl., \$NA; Air Conditioning, \$864; Power Windows, \$294; Power Door Locks, \$201; Radio w/Stereo, \$262; Tilt Steering, \$129.

PLYMOUTH VOYAGER—2.5 L., 4-cyl. (153) TBI Gas Eng.

Bore & Stroke 3.44"x4.09"; Tax. H.P. 18.93; P.D. 153 cu. in., 2.5 Liter, 8.9 Comp. Ratio

VOYAGER—122.0" w.b., 5-Spd. Transaxle

5-Ps. 4-dr. Wagon SHL52 175.9" 2,996 454.8 \$10,887.00 \$11,367.00

VOYAGER Special Edition—112.0" w.b., 5-Spd. Man. Transaxle

5-Ps. 4-dr. Wagon SE SHH52 175.9" 3,060 454.8 \$11,587.00 \$12,067.00

VOYAGER Limited Edition—112.0" w.b., 5-Spd. Man. Transaxle

5-Ps. 4-dr. Wagon LE SHP52 175.9" 3,185 454.8 \$13,462.00 \$13,942.00

GRAND VOYAGER SE—112.0" w.b., 3-Spd. Auto. Transaxle

7-Ps. 4-dr. Grand Wagon SE SHH53 175.9" 3,249 454.8 \$12,502.00 \$12,982.00

GRAND VOYAGER LIMITED EDITION—3.0 L., 6-Cyl. (181) EFA Gas Eng.

Bore & Stroke 3.59"x2.99"; Tax. H.P. 36.93; P.D. 181 cu. in., 3.0 Liter

GRAND VOYAGER LE

7-Ps. 4-dr. Wagon SHP53 190.5" 3,441 NA \$15,509.00 \$15,989.00

CODES FOR OBJECT CONTACTED

(57) Fence

(58) Wall

- (59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge

(68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object

(70) Passenger car, light truck, van, or other vehicle not in-transport

- (71) Medium/heavy truck or bus not in-transport
(72) Pedestrian
(73) Cyclist or cycle
(74) Other nonmotorist or conveyance

(75) Vehicle occupant

(76) Animal

- (77) Train
(78) Trailer, disconnected in transport
(79) Object fell from vehicle in-transport
(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

- (98) Other event (specify):

(99) Unknown event or object

[illegible]

COLLISION DEFORMATION CLASSIFICATION**HIGHEST DELTA "V"**

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>01</u>	6. <u>01</u>	7. <u>F</u>	8. <u>R</u>	9. <u>E</u>	10. <u>E</u>	11. <u>03</u>

Second Highest Delta "V"

12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. L	21. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	22. ±D
<u>154</u>	<u>000</u>	<u>000</u>	<u>000</u>	<u>001</u>	<u>002</u>	<u>022</u>	<u>⊕ 048</u>

Second Highest Delta "V"

23. L	24. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	25. ±D
_____	_____	_____	_____	_____	_____	_____	_____

26. Undeformed End Width

(Coded when highest severity impact is an end plane impact.)

_____ Code to the nearest centimeter

(250) 250 centimeters or more

(998) No highest severity end plane impact

(999) Unknown

154

27. Direct Damage Width

(For highest severity impact)

_____ Code to the nearest centimeter

(250) 250 centimeters or more

(999) Unknown

029

28. Original Wheelbase

_____ Code to the nearest centimeter

(650) 650 centimeters or more

(999) Unknown

_____ inches X 2.54 = _____ centimeters

255

29. Original Average Track Width

_____ Code to the nearest centimeter

(185) 185 centimeters or more

(999) Unknown

_____ inches X 2.54 = _____ centimeters

146

		FUEL SYSTEM	
30. Are CDCs Documented but Not Coded on The Automated File?	<u>0</u>	35. Location of Fuel Tank-1 Filler Cap	<u>3</u>
(0) No		36. Location of Fuel Tank-2 Filler Cap	<u>0</u>
(1) Yes		(0) No fuel tank	
		(1) On back plane	
		(2) Aft of center of the rear wheels (rear axle) on left side plane	
		(3) Aft of center of the rear wheels (rear axle) on right side plane	
		(4) Forward of center of the rear wheels (rear axle) on left side plane	
		(5) Forward of center of the rear wheels (rear axle) on right side plane	
		(6) Over the center of the rear wheels (rear axle) on left side plane	
		(7) Over the center of the rear wheels (rear axle) on right side plane	
		(8) Other (specify): _____	
		(9) Unknown	
31. Researcher's Assessment of Vehicle Disposition	<u>0</u>	37. Type of Fuel Tank-1	<u>1</u>
(0) Not towed due to vehicle damage		38. Type of Fuel Tank-2	<u>0</u>
(1) Towed due to vehicle damage		(0) No fuel tank (electrical vehicle)	
(9) Unknown		(1) Metallic	
		(2) Non-metallic	
		(9) Unknown	
32. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle?	<u>0</u>	39. Location of Fuel Tank-1	<u>4</u>
(0) No post manufacturer modifications		40. Location of Fuel Tank-2	<u>0</u>
(1) Yes - post manufacturer modifications (specify): _____		(0) No fuel tank	
_____		(1) Aft of center of the rear wheels (rear axle) centered	
(Include photograph of CERTIFICATION PLACARD in case report)		(2) Aft of center of the rear wheels (rear axle) left side	
(9) Unknown if vehicle is modified		(3) Aft of center of the rear wheels (rear axle) right side	
		(4) Forward of center of the rear wheels (rear axle) centered	
		(5) Forward of center of the rear wheels (rear axle) left side	
		(6) Forward of center of the rear wheels (rear axle) right side	
		(7) Over center of the rear wheels (rear axle)	
		(8) Other (specify): _____	
		(9) Unknown	
FIRE OCCURRENCE		41. Damage to Fuel Tank-1	<u>1</u>
33. Fire Occurrence	<u>0</u>	42. Damage to Fuel Tank-2	<u>0</u>
(0) No fire		(0) No fuel tank	
Yes, fire occurred		(1) No damage to fuel tank	
(1) Minor		(2) Deformed, no seam failure	
(2) Major		(3) Deformed, with a seam failure	
(9) Unknown		(4) Punctured	
		(5) Lacerated (ripped)	
		(6) Abraded (scraped)	
		(7) Filler neck separation from the fuel tank	
		(8) Other damage (specify): _____	
		(9) Unknown	
34. Origin of Fire	<u>0</u>		
(0) No fire			
(1) Vehicle exterior (front, side, back, top)			
(2) Exhaust system			
(3) Fuel tank (and other fuel retention system parts)			
(4) Engine compartment			
(5) Cargo/trunk compartment			
(6) Instrument panel			
(7) Passenger compartment area			
(8) Other location (specify): _____			
(9) Unknown			

43. Leakage Location of Fuel System-1

1

44. Leakage Location of Fuel System-2

0

(0) No fuel tank

(1) No fuel leakage

Primary Area Of Leakage

(2) Tank

(3) Filler neck

(4) Cap

(5) Lines/pump/filter

(6) Vent/emission recovery

(8) Other (specify): _____

(9) Unknown

45. Fuel Type-1

01

46. Fuel Type-2

00*Single Fuel Type*

(00) No fuel tank

(01) Gasoline

(02) Diesel

(03) CNG (Compressed Natural Gas)

(04) LPG (Liquid Petroleum Gas) also known as Propane

(05) LNG (Liquid Natural Gas)

(06) Methanol (M100 or M85)

(07) Ethanol (E100 or E85)

(08) Other (Hydrogen or others) (specify): _____

Electric Powered or Electric/Solar Powered Vehicles

(10) Lead Acid Battery

(11) Nickel-Iron Battery

(12) Nickel-Cadmium Battery

(13) Sodium Metal Chloride Battery

(14) Sodium Sulfur Battery

(18) Other (Specify): _____

(98) Other Hybrid (specify): _____

(99) Unknown fuel type

47. Is This Vehicle Equipped With More Than Two Fuel Tanks?

0

(0) No (one or two tanks only)

Yes - More Than Two Tanks(1) Yes -- no damage to any tank or filler cap and no fuel system leakage(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location): _____(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):

Type of tank _____

Tank location _____

Filler cap location _____

Tank damage _____

Location of leakage _____

Type of fuel _____

(9) Unknown if more than two tanks

COMMENTS

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***

(GV10=0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERIOR VEHICLE FORM

BEST AVAILABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

96 26

3. Vehicle Number

02

INTEGRITY

4. Passenger Compartment Integrity

00

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 1 8. RR 1 9. TG/H 1

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 = 2, Then code Ø

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 2 19. RR 2

20. BL 2 21. Roof 0 22. Other 2

(0) No glazing

(1) AS-1 - Laminated

(2) AS-2 - Tempered

(3) AS-3 - Tempered-tinted (original)

(4) AS-2 - Tempered-with after market tint

(5) AS-3 - Tempered-tinted (with additional after market tint)

(6) AS-14 - Glass/Plastic

(7) Glazing removed prior to accident

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 2 26. LR 2 27. RR 2

28. BL 2 29. Roof 0 30. Other 1

(0) No glazing

(1) Fixed

(2) Closed

(3) Partially opened

(4) Fully opened

(7) Glazing removed prior to accident

(9) Unknown

Glazing Damage from Impact Forces

31. WS 1 32. LF 1 33. RF 1 34. LR 1 35. RR 1

36. BL 1 37. Roof 0 38. Other 1

(0) No glazing

(1) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(9) Unknown if damaged

Glazing Damage from Occupant Contact

39. WS 3 40. LF 1 41. RF 1 42. LR 2 43. RR 1

44. BL 1 45. Roof 0 46. Other 1

(0) No glazing

(1) No occupant contact to glazing

(2) Glazing contacted by occupant but no glazing damage

(3) Glazing in place and cracked by occupant contact

(4) Glazing in place and holed by occupant contact

(5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact

(6) Glazing out-of-place by occupant contact and holed by occupant contact

(7) Glazing removed prior to accident

(8) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE — DAMAGE VALUE = DEFORMATION

— =

No - Deformation

— =

— =

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): _____

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

LOCATION OF INTRUSION

Front Seat

- (11) Left
- (12) Middle
- (13) Right

Fourth Seat

- (41) Left
- (42) Middle
- (43) Right

Second Seat

- (21) Left
- (22) Middle
- (23) Right

- (97) Catastrophic
- (98) Other enclosed area (specify) _____

(99) Unknown

Third Seat

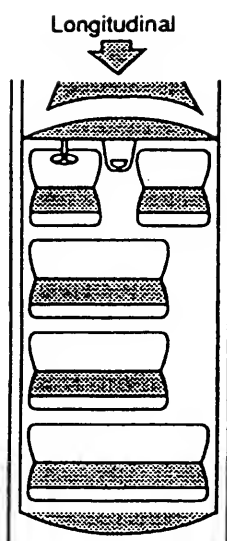
- (31) Left
- (32) Middle
- (33) Right

MAGNITUDE OF INTRUSION

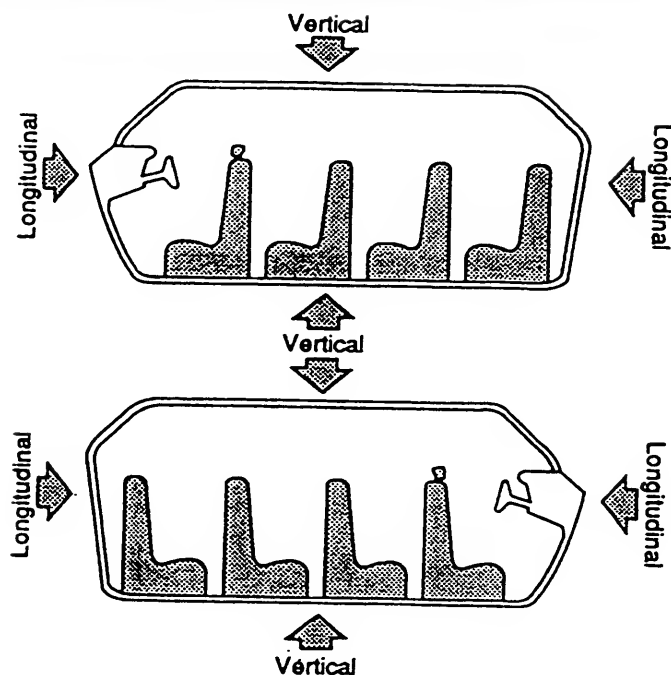
- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

Row
Width
(cm)

Longitudinal

[illegible]

Document no more than the 15 most severe intrusions

STEERING COLUMN**INSTRUMENT PANEL**

87. Steering Column Type

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____

(9) Unknown

88. Tilt Steering Column Adjustment

- (0) No tilt steering column
 (1) Full up
 (2) Between full up and center
 (3) Center
 (4) Between center and full down
 (5) Full down
 (9) Unknown

89. Telescoping Steering Column Adjustment

- (0) No telescoping steering column
 (1) Full back
 (2) Between full back and midpoint
 (3) Midpoint
 (4) Between midpoint and full forward
 (5) Full forward
 (9) Unknown

90. Steering Rim/Spoke Deformation

- Code actual measured
 deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

91. Location of Steering Rim/Spoke Deformation

- (00) No steering rim deformation

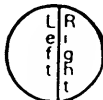
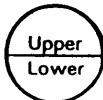
Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D

*Half Sections*

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke

- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown



92. Odometer Reading

179,000

kilometers

Code to the nearest 1,000 kilometers

- (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown

111,167 miles X 1.6093 = 178,906 kilometersSource: ODOMETER

93. Instrument Panel Damage from Occupant Contact?

- (0) No
 (1) Yes
 (9) Unknown

94. Type of Knee Bolster Covering

- (0) No knee bolster
 (1) Padded
 (2) Rigid plastic
 (8) Other (specify): _____
 (9) Unknown

95. Knee Bolsters Deformed from Occupant Contact?

- (0) No knee bolster
 (1) No deformation
 (2) Yes - deformation
 (9) Unknown

96. Did Glove Compartment Door Open During Collision(s)?

- (0) No glove compartment door
 (1) No - door did not open
 (2) Yes - door opened
 (9) Unknown

97. Adaptive (Assistive) Driving Equipment

- (0) No adaptive driving equipment
 (1) Adaptive driving equipment installed (Check all that apply.)
 [] Hand controls for braking/acceleration
 [] Steering control devices (attached to OEM steering wheel)
 [] Steering knob attached to steering wheel
 [] Low effort power steering (unit or device)
 [] Replacement steering wheel (i.e., reduced diameter)
 [] Joy-stick steering controls
 [] Wheelchair tie-downs
 [] Modification to seat belts (specify): _____
 [] Additional or relocated switches (specify): _____
 [] Raised roof
 [] Wall-mounted head rest (used behind wheelchair)
 [] Other adaptive device (specify): _____

(9) Unknown

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data for the driver and first seat passenger in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

N/A

	Driver	Passenger
A-Type of air bag?		
B-Flaps open at tear points?		
C-Flaps damaged?		
D-Air bag damaged?		
E-Source of air bag damage		
F-Air bag tethered?		
G-Air bag have vent ports?		
H-Other occupant contact air bag?		
I-Occupant wearing eyewear?		

A-Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

B-Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

C-Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

D-Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):

- (95) Damaged, details unknown
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

E-Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):

- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

F-Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps):
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

G-Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports):
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

H-Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

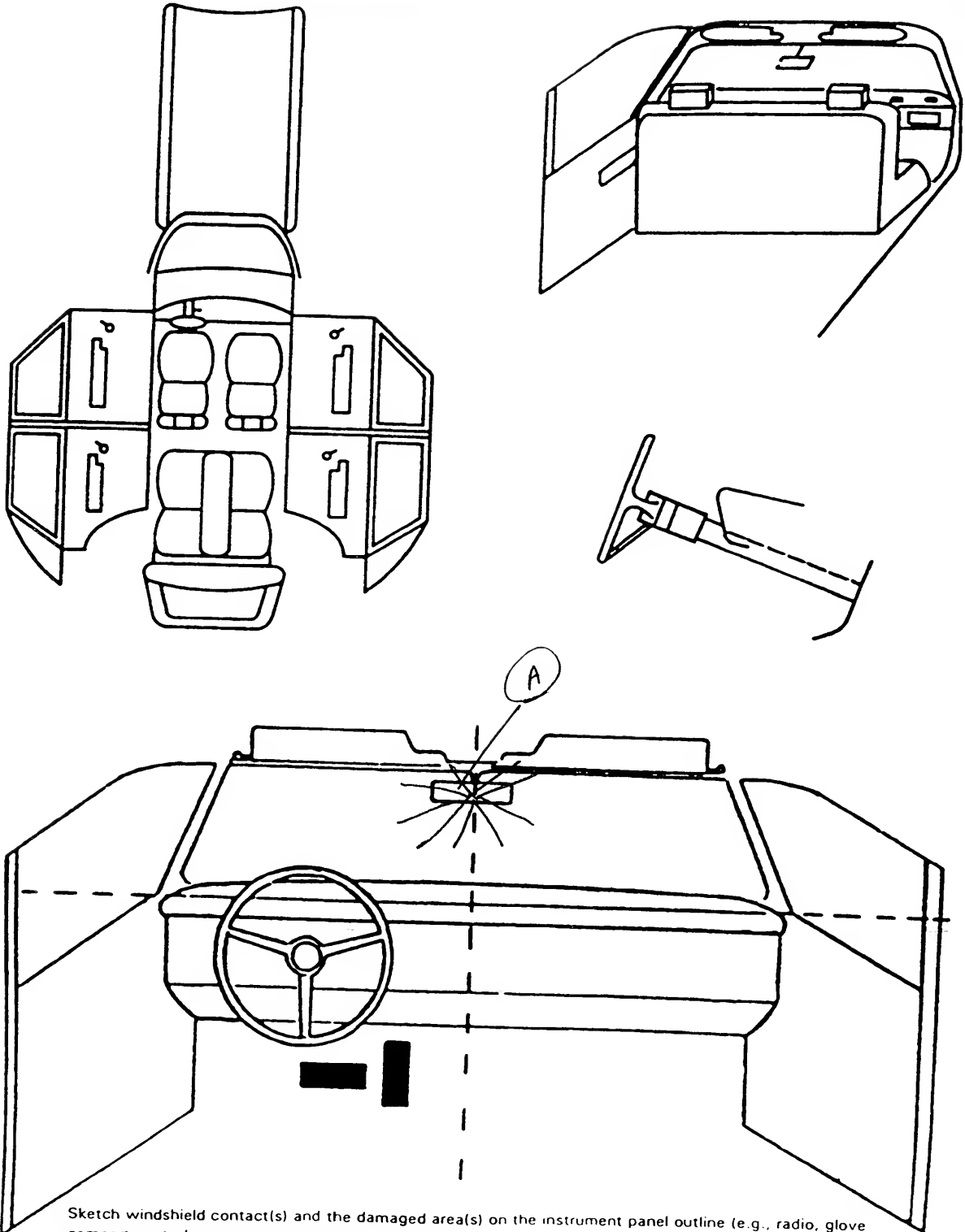
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

I-Was This Occupant Wearing Eye-wear?

- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).
Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.
Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	002	1	HEAD	Broken off	1
B	001	1	"	spider web	1
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

FRONT

- (001) Windshield
 (002) Mirror
 (003) Sunvisor
 (004) Steering wheel rim
 (005) Steering wheel hub/spoke
 (006) Steering wheel (combination of codes 004 and 005)
 (007) Steering column, transmission selector lever, other attachment
 (008) Cellular telephone or CB radio
 (009) Add on equipment (e.g., tapedeck, air conditioner)
 (010) Left instrument panel and below
 (011) Center instrument panel and below
 (012) Right instrument panel and below
 (013) Glove compartment door
 (014) Knee bolster
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (017) Windshield reinforced by exterior object, (specify):
 (019) Other front object (specify):

CODES FOR INTERIOR COMPONENTS

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
 (052) Left side hardware or armrest
 (053) Left A (A1/A2)-pillar
 (054) Left B-pillar
 (055) Other left pillar (specify):
 (056) Left side window glass
 (057) Left side window frame
 (058) Left side window sill
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (060) Other left side object (specify):

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests
 (102) Right side hardware or armrest
 (103) Right A (A1/A2)-pillar
 (104) Right B-pillar
 (105) Other right pillar (specify):
 (106) Right side window glass
 (107) Right side window frame
 (108) Right side window sill
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
 (152) Belt restraint webbing/buckle
 (153) Belt restraint B-pillar or door frame attachment point
 (154) Other restraint system component (specify):
 (155) Head restraint system
 (160) Other occupants (specify):
 (161) Interior loose objects
 (162) Child safety seat (specify):
 (163) Other interior object (specify):

AIR BAG

- (170) Air bag-driver side
 (175) Air bag compartment cover-driver side
 (180) Air bag-passenger side
 (185) Air bag compartment cover-passenger side
 (190) Other air bag (specify):
 (195) Other air bag compartment cover (specify):

ROOF

- (201) Front header
 (202) Rear header
 (203) Roof left side rail
 (204) Roof right side rail
 (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
 (252) Floor or console mounted transmission lever, including console
 (253) Parking brake handle
 (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
 (302) Backlight storage rack, door, etc.
 (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
 (402) Steering control devices (attached to OEM steering wheel)
 (403) Steering knob attached to steering wheel
 (405) Replacement steering wheel (i.e., reduced diameter)
 (406) Joy stick steering controls
 (407) Wheelchair tie-downs
 (408) Modification to seat belts, (specify):
 (409) Additional or relocated switches, (specify):
 (410) Raised roof
 (411) Wall mounted head rest (used behind wheel chair)
 (412) Other adaptive device (specify):

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
 (2) Probable
 (3) Possible
 (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Frontal Air Bags--Left Front	Frontal Air Bags--Right Front	Other Air Bag
F I R S T	Availability/Function	0	0	
	Deployment	0	0	
	Failure	0	0	

Air Bag System Availability/Function

(0) Not equipped/not available

(1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled

(9) Unknown

Air Bag System Deployment

(This Occupant Position)

(0) Not equipped/not available

(1) Deployed during accident (as a result of impact)

(2) Deployed inadvertently just prior to accident

(3) Deployed, accident sequence undetermined

(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

(5) Unknown if deployed

(7) Nondeployed

(9) Unknown

Are There Indications of Air Bag**System Failure? (This Occupant Position)**

(0) Not equipped/not available

(1) No

(2) Yes (specify): _____

(9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	A-Availability/Function	0	0
	B-Use	0	0
	C-Type	0	0
	D-Proper Use	0	0
	E-Failure Modes	0	0

A-Automatic (Passive) Belt System Availability/Function

(0) Not equipped/not available

(1) 2 point automatic belts

(2) 3 point automatic belts

(3) Automatic belts - type unknown

Non-functional

(4) Automatic belts destroyed or rendered inoperative

(9) Unknown

B-Automatic (Passive) Belt System Use

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Automatic belt in use

(2) Automatic belt not in use (manually disconnected, motorized track inoperative)

(3) Automatic belt use unknown

(9) Unknown

C-Automatic (Passive) Belt System Type

(0) Not equipped/not available

(1) Non-motorized system

(2) Motorized system

(9) Unknown

D-Proper Use of Automatic (Passive) Belt System

(0) Not equipped/not available/not used

(1) Automatic belt used properly

(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

(3) Automatic shoulder belt worn under arm

(4) Automatic shoulder belt worn behind back

(5) Automatic belt worn around more than one person

(6) Lap portion of automatic belt worn on abdomen

(7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly

with child safety seat (specify): _____

(8) Other improper use of automatic belt system (specify): _____

(9) Unknown

E-Automatic (Passive) Belt Failure Modes During Accident

(0) Not equipped/not available/not in use

(1) No automatic belt failure(s)

(2) Torn webbing (stretched webbing not included)

(3) Broken buckle or latchplate

(4) Upper anchorage separated

(5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other automatic belt failure (specify): _____

(9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a child safety seat is present, encode the data on the back of this page 11.

If the vehicle has automatic restraints available, encode the appropriate data on page 6.

		Left	Center	Right
FIRST	A-Availability	4	3	4
	B-Evidence of usage	04	00	04
	C-Used in this crash?	00	00	00
	D-Proper Use	0	0	0
	E-Failure Modes	0	0	0
	F-Anchorage Adjustment	1	0	1
SECOND	A-Availability	3	3	3
	B-Evidence of usage	03	00	03
	C-Used in this crash?	00	00	00
	D-Proper Use	0	0	0
	E-Failure Modes	0	0	0
	F-Anchorage Adjustment	0	0	0
OTHER	A-Availability			
	B-Evidence of usage			
	C-Used in this crash?			
	D-Proper Use			
	E-Failure Modes			
	F-Anchorage Adjustment			

A-Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

- (9) Unknown

B/C-Manual (Active) Belt System Use

- (00) None-used, not available, or belt removed/destroyed
- (01) Inoperable (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

D-Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify):

- (9) Unknown

E-Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

F-Shoulder Belt Upper Anchorage Adjustment

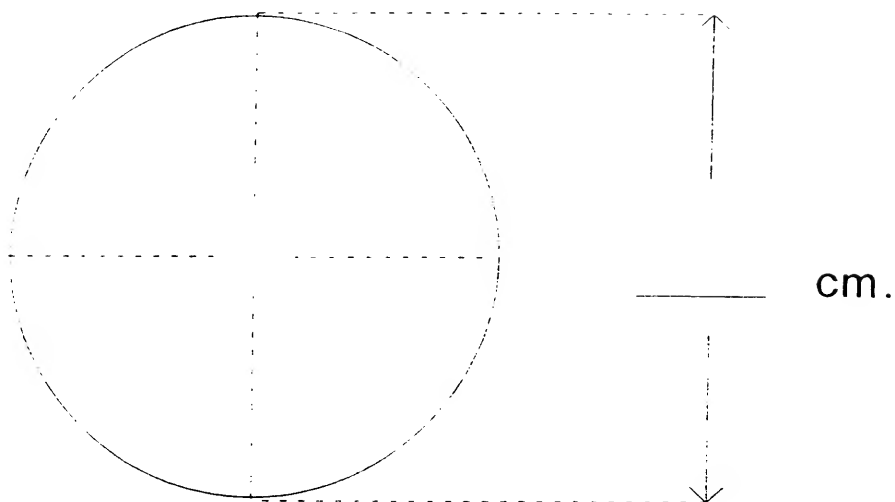
- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

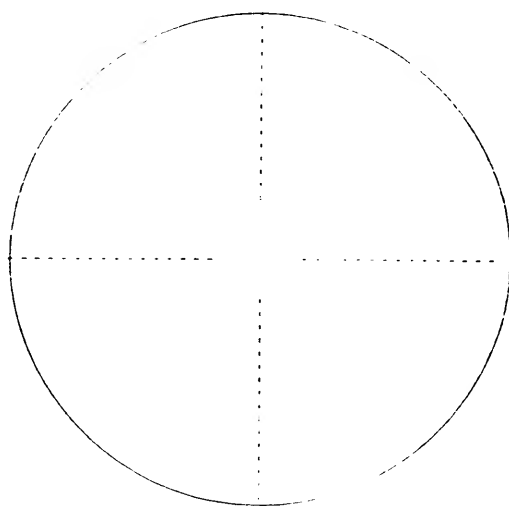
DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)

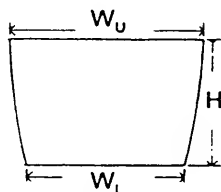


2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)

N/A

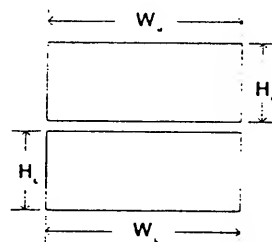
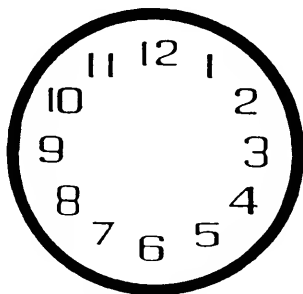


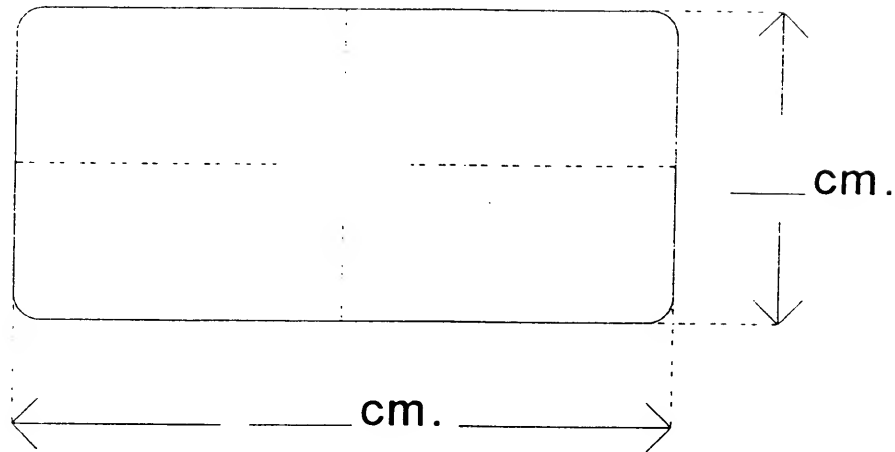
3. NUMBER OF DRIVER AIR BAG TETHER STRAPS? _____ WIDTH OF TETHER STRAP? _____ cm

DRIVER AIR BAG SKETCHES (Cont'd)**3. DRIVER AIR BAG MODULE COVER FLAP SIZE (SINGLE)**width (W_U) _____ width (W_L) _____height (H) _____**4. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)**

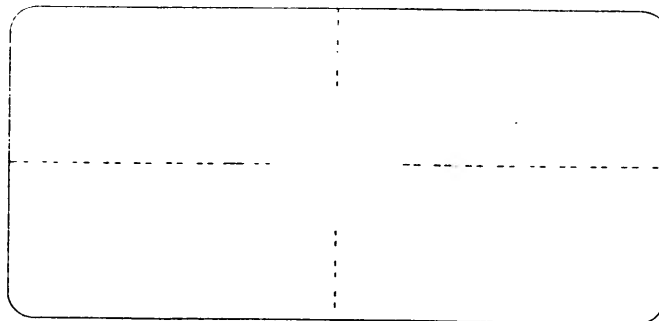
a. Upper Flap

b. Lower Flap

width (W_U) _____ width (W_L) _____height (H_U) _____ height (H_L) _____**5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE****6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS****7. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS****8. NUMBER OF AIR BAG VENT PORTS?** _____ cm**9. DIAMETER OF AIR BAG VENT PORTS?** _____ cm

PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES**1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)**

N/A

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)

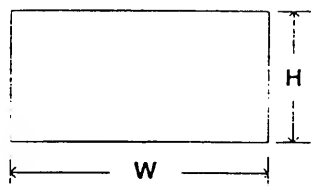
3. NUMBER OF PASSENGER AIR BAG TETHER STRAPS? _____ WIDTH OF TETHER STRAP? _____ cm

PASSENGER AIR BAG SKETCHES (Cont'd)

3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W) _____

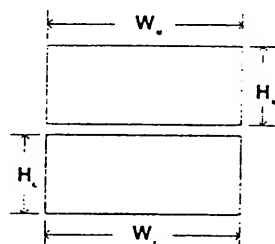
height (H) _____



4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

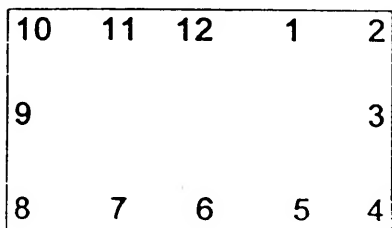
b. Lower Flap

width (W_u) _____width (W_l) _____height (H_u) _____height (H_l) _____

5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



8. NUMBER OF AIR BAG VENT PORTS? _____ cm

9. DIAMETER OF AIR BAG VENT PORTS? _____ cm

10. DISTANCE BETWEEN FRONT OF DASH AND LEADING (I.E., CLOSEST) EDGE OF MODULE'S COVER FLAP? _____ cm

"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

"OTHER" AIR BAG SKETCHES (Cont'd)

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG

4. SKETCH AIR BAG VENT PORTS

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	A-Head Restraint Type/Damage	3	0	3
	B-Seat Type	04	04	04
	C-Seat Orientation	1	1	1
	D-Seat Track Position	5	5	5
	E-Seat Back Incline Pre/Post Impact	01	01	01
	F-Seat Performance	1	1	1
SECOND	A-Head Restraint Type/Damage	0	0	0
	B-Seat Type	05	05	05
	C-Seat Orientation	1	1	1
	D-Seat Track Position	1	1	1
	E-Seat Back Incline Pre/Post Impact	01	01	01
	F-Seat Performance	1	1	1
THIRD	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			
OTHER	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation		None				
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat
 (7) Other type child safety seat (specify): _____

- (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
 Designed for Rear Facing for This Age/Weight
 (01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify): _____

- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify): _____

- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify): _____

- (29) Unknown orientation

- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage**4. Child Safety Seat Shield Usage****5. Child Safety Seat Tether Usage**

Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market harness/shield/tether added
 (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

HEAD RESTRAINTS/SEAT EVALUATION

A-Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other
Specify: _____
- (9) Unknown

B-Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Box mounted seat (i.e., van type)
- (10) Other seat type (specify): _____
- (99) Unknown

C-Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

D-Seat Track Adjusted Position Prior To Impact

- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track

Adjustable Seat Track

- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

E-Seat Back Incline Prior and Post Impact

- (00) Occupant not seated or no seat
- (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

Slightly reclined prior to impact

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

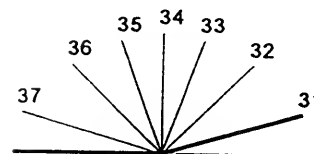
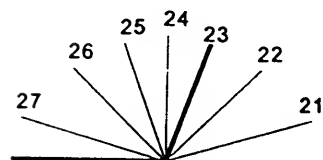
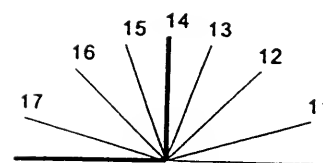
Completely reclined prior to impact

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position

- (99) Unknown

F-Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No ☒ Yes []

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
(2) Partial ejection
(3) Ejection, Unknown degree
(9) Unknown

Ejection Area

- (1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown

Ejection Medium

- (1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
(2) Closed
(3) Integral structure
(9) Unknown

ENTRAPMENT No ☒ Yes []

Describe entrapment mechanism: _____

Component(s): _____

(Note on vehicle interior sketch)

NASS CDS INTERVIEW FORM:
CASE VEHICLE DRIVER



INTERVIEW FORM (A)

BEST AVAILABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

Interviewee(s) Role or Name(s):

DRIVER -

2. Case Number - Stratum

9626Mother

3. Vehicle Number

01

Phone number: _____

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

I was going straight thru a green light
and the other kid pulled out in front
of me

the AIR bags went off about 10 seconds
post ACCID

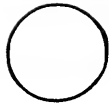
I was able to look @ driver before AIR bags
went off

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

I was in the through lane.

SPECIFIC QUESTIONS TO ASK INTERVIEWEE

ACCIDENT DIAGRAM



NORTH

Use this diagram to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

CRASH DATA INFORMATION

IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER:

SOURCE OF INFORMATION:	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Other occupant <input type="checkbox"/> Relative/friend
TRAVEL DIRECTION?	<input type="checkbox"/> North <input type="checkbox"/> South <input checked="" type="checkbox"/> East <input type="checkbox"/> West (Or where were they coming from or going to?)
LANE?	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other Note: lane 1 is the right curb lane
ROAD CONDITION?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Sand, dirt, oil <input type="checkbox"/> Other (specify)
WEATHER CONDITIONS? (Check all that apply)	<input checked="" type="checkbox"/> No adverse conditions <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Sleet <input type="checkbox"/> Hail <input type="checkbox"/> Snow <input type="checkbox"/> Other (specify)
SIGN OR SIGNAL PRESENT? (check all that apply)	<input checked="" type="checkbox"/> Traffic control signal (includes flashing beacons, lane control signals, and green / amber / red signal) <input type="checkbox"/> Stop sign <input type="checkbox"/> Yield sign <input type="checkbox"/> School zone sign <input type="checkbox"/> Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: _____ <input type="checkbox"/> Warning sign (Winding road sign, stop ahead, intersection signs, etc.) specify: _____ <input type="checkbox"/> Miscellaneous control (including railroad controls) specify: _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown
WAS THE CONTROL FUNCTIONING PROPERLY?	<input type="checkbox"/> No traffic control device present <input type="checkbox"/> Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: _____ <input type="checkbox"/> Functioning properly <input type="checkbox"/> Unknown 15.20
SPEED BEFORE THE IMPACT? (in mph)	<input type="checkbox"/> Stopped <input checked="" type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70 + <input type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
BEFORE IMPACT, INTENDING TO ... ? (check all that apply)	<input checked="" type="checkbox"/> Go straight <input type="checkbox"/> Stopped <input type="checkbox"/> Turn left <input type="checkbox"/> Turn right <input type="checkbox"/> Slow down <input type="checkbox"/> Accelerate <input type="checkbox"/> Back up <input type="checkbox"/> Change lanes to right <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Change lanes to left
CONTROL LOSS DUE TO WEATHER OR MECHANICAL PROBLEMS?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes (describe)
AVOIDANCE ACTIONS?	<input type="checkbox"/> None <input type="checkbox"/> Braking with lock-up <input type="checkbox"/> Accelerating <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Braking without lock-up <input checked="" type="checkbox"/> Steering left <input type="checkbox"/> Other- specify: _____ <input type="checkbox"/> Releasing brakes <input type="checkbox"/> Steering right
LOCATION OF VEHICLE AT TIME OF IMPACT?	<input checked="" type="checkbox"/> Original travel lane <input type="checkbox"/> Different travel lane <input type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input type="checkbox"/> Off roadway to left <input type="checkbox"/> Other (specify): _____
SPEED AT THE TIME OF IMPACT? (in mph)	<input type="checkbox"/> Stopped <input checked="" type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70 + <input type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
DESCRIBE ALL THE IMPACTS to the vehicle and how this vehicle moved to its stopped position, after the collision?	10-15 mph

VEHICLE INFORMATION**ROLLOVER DATA**

DID THIS VEHICLE ROLL OVER DURING THE CRASH?

☐ YES -- ASK THE FOLLOWING QUESTIONS☒ NO -- SKIP TO "FIRE DATA" BELOW☐ UNKNOWN -- SKIP TO "FIRE DATA" BELOW

ROLLOVER BEGAN	<input type="checkbox"/> On roadway <input type="checkbox"/> On shoulder <input type="checkbox"/> On roadside or median <input type="checkbox"/> Unknown
ROLLOVER CAUSE?	<input type="checkbox"/> Other vehicle (specify vehicle number) _____ <input type="checkbox"/> Contact to object (specify): _____ <input type="checkbox"/> Other cause (specify): _____ <input type="checkbox"/> Unknown
DIRECTION OF VEHICLE ROLL?	<input type="checkbox"/> Toward the right (passenger side) <input type="checkbox"/> Toward the left (driver side) <input type="checkbox"/> End-over-end <input type="checkbox"/> Unknown
NUMBER OF TURNS	_____ Number of QUARTER TURNS <input type="checkbox"/> Unknown _____ Number of COMPLETE TURNS
PLANE IN CONTACT WITH GROUND AT FINAL REST?	<input type="checkbox"/> Left side <input type="checkbox"/> Top <input type="checkbox"/> Right side <input type="checkbox"/> Wheels <input type="checkbox"/> Unknown

FIRE DATA

DID THIS VEHICLE EXPERIENCE A FIRE?

☐ YES -- ASK THE FOLLOWING QUESTIONS☒ NO -- SKIP THIS SECTION☐ UNKNOWN -- SKIP THIS SECTION

FIRE STARTED, OR SMOKE WAS FIRST SEEN ...	<input type="checkbox"/> Under the hood <input type="checkbox"/> In the trunk/cargo area <input type="checkbox"/> Behind the instrument panel <input type="checkbox"/> Under the vehicle <input type="checkbox"/> In the passenger compartment <input type="checkbox"/> From other involved vehicle <input type="checkbox"/> Unknown
FIRE START WITH THE ELECTRICAL SYSTEM? <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes (specify): _____
FIRE START WITH THE FUEL SYSTEM? <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes -- specify Which part of the fuel system may have been involved? <input type="checkbox"/> Fuel tank <input type="checkbox"/> Fuel lines <input type="checkbox"/> Engine compartment (specify component if known) <input type="checkbox"/> Unknown

Describe any additional rollover or fire information here:

ADDITIONAL VEHICLE INFORMATION

YEAR, MAKE AND MODEL?	Year: 19 <u>95</u> Make: <u>Chevrolet</u> Model: <u>Camaro</u>
PREVIOUS OR POST-CRASH DAMAGE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
DOORS OR HATCH OPEN DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> HATCH <input type="checkbox"/> OTHER _____ <input type="checkbox"/> Unknown
WINDOWS BREAK DURING THE CRASH?	<input checked="" type="checkbox"/> No Check all that apply <input type="checkbox"/> Yes <input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other <input type="checkbox"/> Unknown
WINDOW PRECRASH STATUS	<div style="text-align: center; font-size: 1.2em; margin-bottom: 10px;"><u>All closed</u></div> <input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other "O" = open "C" = Closed "P" = partially open "U" = Unknown
GLOVE COMPARTMENT DOOR OPEN DURING THE CRASH?	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input checked="" type="checkbox"/> Unknown
CARGO IN THE VEHICLE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - describe: Approximate weight - _____ pounds
VEHICLE MILEAGE	_____ miles <input checked="" type="checkbox"/> Unknown
IF VEHICLE HAS NOT BEEN INSPECTED	Current location of the vehicle: _____ _____ Contact person: _____
Detail any notes, questions to ask interviewee (i.e., rescue personnel damage to vehicle) or directions to vehicle location:	

SPECIAL CRASH INVESTIGATION ADDENDUM: DRIVER INFORMATION

Do you recall the type of development in the area of the crash?	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input type="checkbox"/> Undeveloped <input type="checkbox"/> School <input type="checkbox"/> Other: _____
What were the weather conditions at the time of the crash?	<input type="checkbox"/> Clear (no clouds, no precipitation) <input type="checkbox"/> Cloudy (partially cloudy, no precipitation) <input type="checkbox"/> Overcast (full cloud cover, no precipitation) <input type="checkbox"/> Precipitating <input type="checkbox"/> Unknown
What was the type of precipitation?	<input type="checkbox"/> No precipitation <input type="checkbox"/> Unknown <input type="checkbox"/> Raining <input type="checkbox"/> Freezing rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snowing <input type="checkbox"/> Hailing
What was the condition of the road surface?	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy, slushy <input type="checkbox"/> Icy <input type="checkbox"/> Other (e.g., sand, dirt, oil on surface, etc.) <input type="checkbox"/> Unknown
How would you describe the amount of traffic at the time of the crash?	<input type="checkbox"/> Heavy <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> No other traffic present
What is your occupation?	<input type="checkbox"/> Professional <input type="checkbox"/> Technical <input type="checkbox"/> Government official <input type="checkbox"/> Management <input type="checkbox"/> Proprietors <input type="checkbox"/> Sales <input type="checkbox"/> Clerical <input type="checkbox"/> Craftsman and foreman <input type="checkbox"/> Service worker <input type="checkbox"/> Student <input type="checkbox"/> Farmers and farm-managers <input type="checkbox"/> Farm labors and foreman <input type="checkbox"/> Private household worker <input checked="" type="checkbox"/> Housewife <input type="checkbox"/> Other: _____
How long have you driven this vehicle?	Years: _____ Months: <u>4-5</u> <i>Boyfriends Car</i>
How many miles do you think that you have driven it in the last 12-month period?	Miles: <u>500</u> <i>maybe a little more</i>
How often do you drive this particular roadway?	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Twice weekly <input type="checkbox"/> Once weekly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Once monthly <input type="checkbox"/> Very infrequently <input type="checkbox"/> First time on road
Where were you coming from just prior to the crash?	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input checked="" type="checkbox"/> Personal business <input type="checkbox"/> Other: <u>GAS STATION</u>
Where were you intending to go when the crash occurred?	<input checked="" type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____

OCCUPANT DATA QUESTIONS

HOW MANY PEOPLE WERE IN THE VEHICLE AT THE TIME OF THE CRASH?

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u> </u>
SEATING POSITION? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)	FRONT LEFT	FR	
SEX, HEIGHT, WEIGHT, AND AGE? CIRCLE DRIVER'S RACE: White Black American Indian Eskimo or Aleut Asian or Pacific Islander Other (specify): Unknown	<input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months <u> </u> <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>5'3</u> WEIGHT: <u>90</u> AGE: <u>23</u> DRIVER OF HISPANIC ORIGIN? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months <u> </u> <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>42" 10 6, 7</u> WEIGHT: <u>31</u> AGE: <u>4</u>	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months <u> </u> <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u> </u> WEIGHT: <u> </u> AGE: <u> </u>
OCCUPANT POSTURE A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input checked="" type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above Looking for change in	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above center glovebox
FEET AND HANDS/ARMS LOCATION JUST PRIOR TO IMPACT FEET A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown HANDS / ARMS F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	Indicate all letters that apply and further describe as needed L on floor R on BRAKE F	Indicate all letters that apply and further describe as needed Hanging over seat. N	Indicate all letters that apply and further describe as needed

OCCUPANT DATA CONTINUED ON NEXT PAGE

OCCUPANT DATA QUESTIONS (continued)

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u> </u>																																																
BACK UP AGAINST THE SEAT BACK?	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT TRACK, IF "YES" WHERE WAS THE TRACK PRIOR TO IMPACT?	<input type="checkbox"/> Not adjustable <input checked="" type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input checked="" type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT BACK, IF "YES" WHERE WAS THE BACK PRE AND POST IMPACT	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input checked="" type="checkbox"/> Slightly reclined</td> <td><input checked="" type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input checked="" type="checkbox"/> Slightly reclined	<input checked="" type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input checked="" type="checkbox"/> Slightly reclined</td> <td><input checked="" type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input checked="" type="checkbox"/> Slightly reclined	<input checked="" type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
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<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown																																																		

TILT STEERING COLUMN ADJUSTMENT PRIOR TO IMPACT

☐ Not adjustable ☐ Full up ☐ Between full up and center
☒ Center ☐ Between center and full down
☒ Full down ☐ Unknown

TELESCOPING STEERING COLUMN PRIOR TO IMPACT

☒ Not adjustable ☐ Full back ☐ Between full back and midpoint
☐ Midpoint ☐ Between midpoint and full forward
☐ Full forward ☐ Unknown

Did this vehicle have a cellular phone in it during the crash?

☒ No
☐ Yes - describe type: _____
 (e.g., portable, mounted in vehicle, flip phone, etc.)
☐ Unknown

(Note to researcher: try to determine any driver distractions without implying fault)

Was the driver doing any of the following? (check all that apply - and specify)

- ☐ Talking to or listening to another occupant (specify):
- ☐ Was there a moving object in vehicle (specify):
- ☐ Talking or listening on a cellular phone (specify):
- ☐ Dialing a cellular phone (specify):
- ☐ Adjusting climate control (specify):
- ☐ Adjusting radio, CD or cassette player (specify):
- ☐ Using other device or object in vehicle (specify):
- ☐ Sleepy / asleep (specify):
- ☐ Distracted by outside person, object, or event (specify):
- ☐ Eating or drinking (specify):
- ☐ Smoking related (specify):
- ☐ Other (specify):
- ☐ Unknown

RESTRAINT INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u> </u>
TYPE OF SEAT BELT AVAILABLE NOTE: If a belt is not available for a seat position -- describe reason	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:
DO BELTS MOVE ALONG A MOTORIZED TRACK FOR THIS SEAT? (i.e., 2 - point automatic belt)	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", WERE THEY WORKING PROPERLY?	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)
ARE ANY BELTS ATTACHED TO THE DOOR? (i.e., 3 - point automatic belt)	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", DOES IT CROSS:	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both
OCCUPANT WEARING ANY SEATBELT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <i>think so</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN

TYPE OF BELT WORN?	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
LAP BELT SITUATED?	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
SHOULDER BELT SITUATED?	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown

Describe any breaks, tears, or failures to any of the seat belts:

Laying in seat laying to left (DRIVER)
 picked her up under both arms to take her
 out. Don't remember unbuckling belt.

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u> </u>				
ANY PART OF BODY THROWN OUTSIDE THE VEHICLE DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.				
ANYONE PINNED IN THE VEHICLE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment				
HOW DID OCCUPANT(S) EXIT THE VEHICLE?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input checked="" type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown				
Further describe any ejection, entrapment, or mobility information here: <table border="0"> <tr> <td>How did occupant(s) depart the crash scene?</td> <td> <input checked="" type="checkbox"/> Ambulance <input type="checkbox"/> Police or Tow vehicle <input type="checkbox"/> Relative (specify) <input type="checkbox"/> Friend (specify) <input type="checkbox"/> Other (specify) </td> <td> <input checked="" type="checkbox"/> Ambulance <input type="checkbox"/> Police or Tow vehicle <input type="checkbox"/> Relative (specify) <input type="checkbox"/> Friend (specify) <input type="checkbox"/> Other (specify) </td> <td> <input type="checkbox"/> Ambulance <input type="checkbox"/> Police or Tow vehicle <input type="checkbox"/> Relative (specify) <input type="checkbox"/> Friend (specify) <input type="checkbox"/> Other (specify) </td> </tr> </table>				How did occupant(s) depart the crash scene?	<input checked="" type="checkbox"/> Ambulance <input type="checkbox"/> Police or Tow vehicle <input type="checkbox"/> Relative (specify) <input type="checkbox"/> Friend (specify) <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Ambulance <input type="checkbox"/> Police or Tow vehicle <input type="checkbox"/> Relative (specify) <input type="checkbox"/> Friend (specify) <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Ambulance <input type="checkbox"/> Police or Tow vehicle <input type="checkbox"/> Relative (specify) <input type="checkbox"/> Friend (specify) <input type="checkbox"/> Other (specify)
How did occupant(s) depart the crash scene?	<input checked="" type="checkbox"/> Ambulance <input type="checkbox"/> Police or Tow vehicle <input type="checkbox"/> Relative (specify) <input type="checkbox"/> Friend (specify) <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Ambulance <input type="checkbox"/> Police or Tow vehicle <input type="checkbox"/> Relative (specify) <input type="checkbox"/> Friend (specify) <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Ambulance <input type="checkbox"/> Police or Tow vehicle <input type="checkbox"/> Relative (specify) <input type="checkbox"/> Friend (specify) <input type="checkbox"/> Other (specify)				

TOOK her out DRIVER SIDE

AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

☒ YES (IF "YES" COMPLETE THIS SECTION)☐ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER SIDE FRONTAL	PASSENGER SIDE FRONTAL OCCUPANT # <u>2</u>	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # _____
VEHICLE BEEN IN ANY PREVIOUS CRASHES? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - continue to right <input type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed IF PRIOR DEPLOYMENT <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed IF PRIOR DEPLOYMENT <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed IF PRIOR DEPLOYMENT <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED
TYPE OF AIR BAG?	<input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
PRIOR SERVICE ON THE AIR BAG SYSTEM?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: <i>not our CAR</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: <i>not our CAR</i>	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
DID AIR BAG INFLATE DURING THIS CRASH? <i>10 sec post crash</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <i>10 sec post crash</i> If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
WAS THIS PERSON WEARING ANY TYPE OF EYE-WEAR (EYE/ SUNGLASSES OR CONTACT LENSES) ANY JEWELRY, OR HAVE ANY OBJECTS IN MOUTH OR HAND? <i>g/a</i>	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: <i>eyeglasses.</i>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
WAS THE AIR BAG IN THIS POSITION CONTACTED BY ANOTHER OCCUPANT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:

Describe any additional information here:

CHILD SAFETY SEAT INFORMATION

WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?

☐ YES (IF "YES" COMPLETE THIS SECTION)

☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
MAKE AND MODEL OF THE SAFETY SEAT?			
TYPE OF SEAT?		<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown
DIRECTION FACING PRIOR TO THE CRASH?		<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
VEHICLE'S SEAT BELT USED TO HOLD THE SEAT IN PLACE?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
HOW WAS THE VEHICLE'S SEAT BELT SECURED TO THE CHILD SEAT?		<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
WHAT WAS THE CHILD SEAT EQUIPPED WITH AT TIME OF PURCHASE?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
ANY OF THESE ADDED AFTER THEY OWNED THE SAFETY SEAT?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

Describe any additional information here:

INJURY INFORMATION

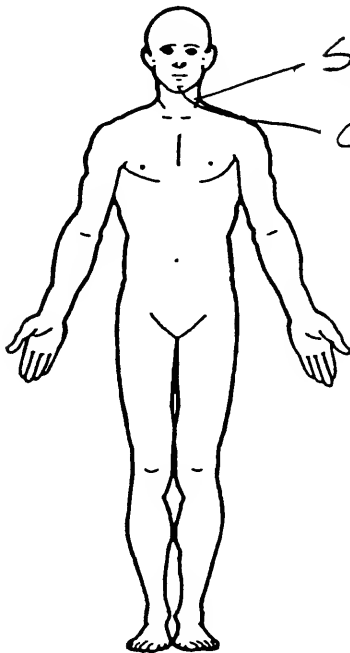
	DRIVER	OCCUPANT # 2	OCCUPANT #
WERE YOU INJURED? ▶ If "YES" go to manikin page and record injuries in detail ▶ If "NO" ask next questions	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
DID YOU HAVE ANY OF THE FOLLOWING: (If any injuries are checked, go to the manikin page and record location, lesion, and source)	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input checked="" type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input checked="" type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin
TRANSPORTED DIRECTLY FROM ACCIDENT SCENE FOR TREATMENT?	<input checked="" type="checkbox"/> No went w/ Daughter <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
RECEIVE ANY MEDICAL TREATMENT? (check all that apply)	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
HOSPITALIZED?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - # of days Dec 20 <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown
TREATED AND RELEASED FROM THE EMERGENCY ROOM?	<input type="checkbox"/> No <input type="checkbox"/> Yes N/A <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
NAME OF MEDICAL TREATMENT FACILITY?		[REDACTED] Hosp. [REDACTED] Hosp.	
RECEIVE ANY FOLLOW-UP TREATMENT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: <input type="checkbox"/> Unknown
LOST ANY DAYS FROM WORK OR SCHOOL (COLLEGE) DUE TO THE CRASH?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown
IF REQUIRED: WILL YOU SIGN A MEDICAL RELEASE? * If not an in-person interview, make appointment to have release signed	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____

PSU Number 10 Case Number—Stratum 9626 Vehicle Number 01 Occupant Number 01

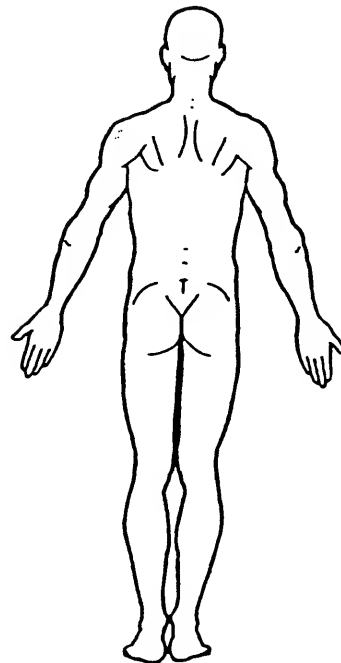
INJURY DATA FROM INTERVIEWEE(S)

Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): DRIVER

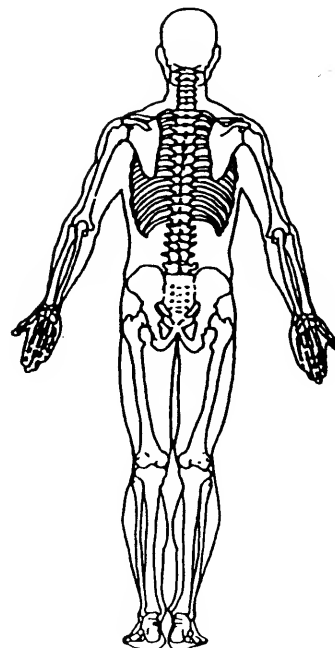
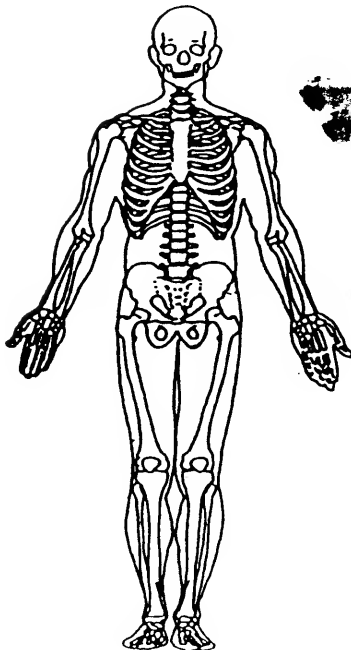
SOFT TISSUE/INTERNAL INJURIES



SORENECK.
- CHIN SORE



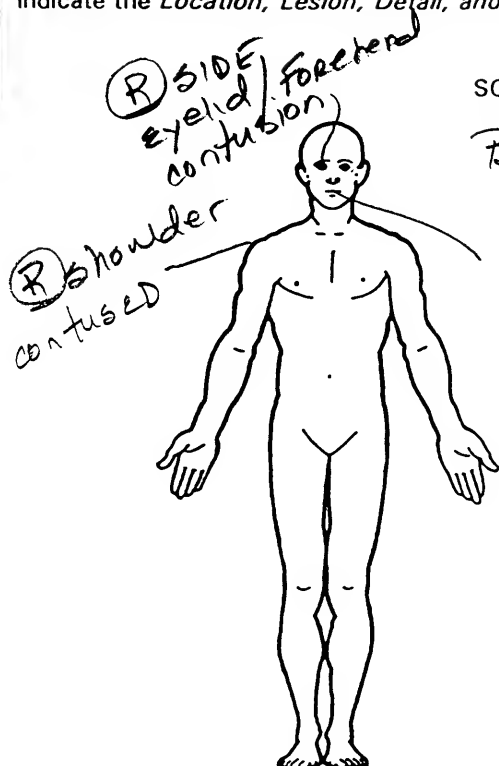
SKELETAL INJURIES



The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10Case Number—Stratum 9626Vehicle Number 01Occupant Number 02

INJURY DATA FROM INTERVIEWEE(S)

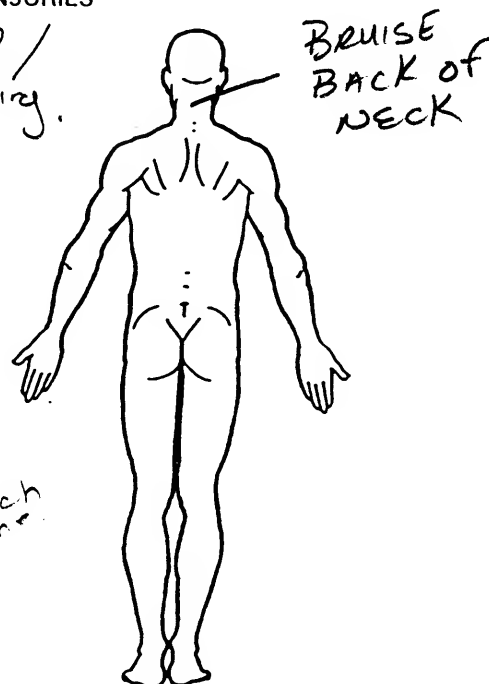
Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): MOTHER

SOFT TISSUE/INTERNAL INJURIES

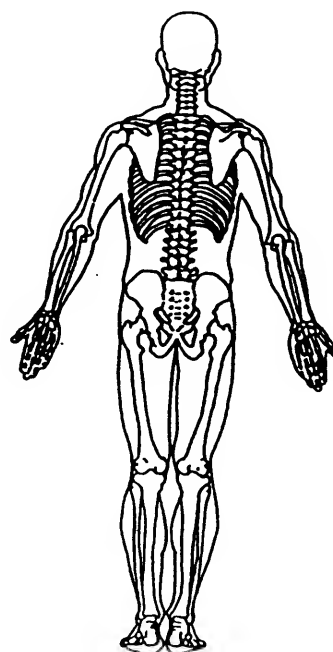
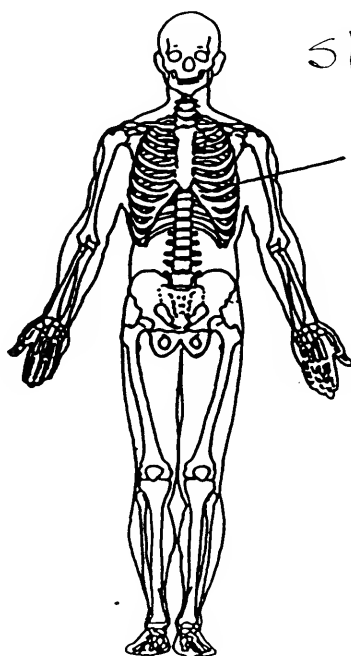
Brain Bruised / swelling.

Lips bleeding.

Blood coming out of 1 EAR which unknown which one.



SKELETAL INJURIES

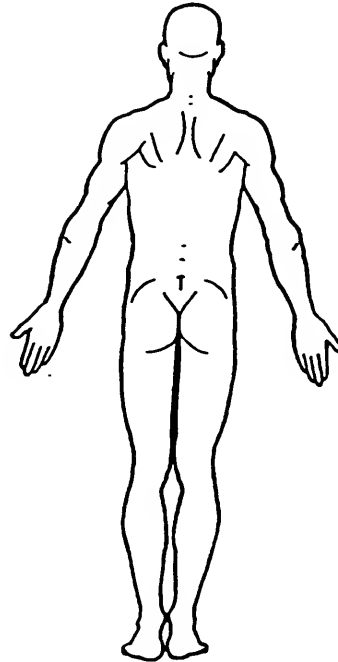
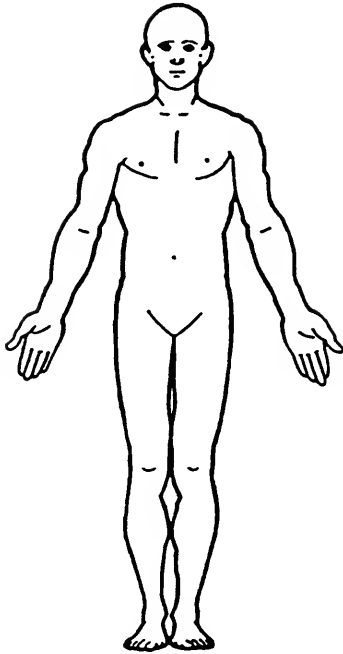
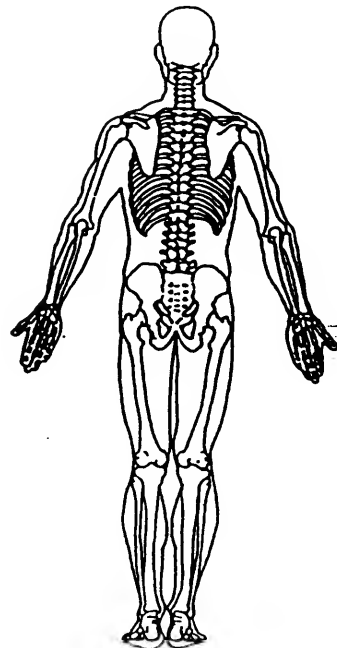
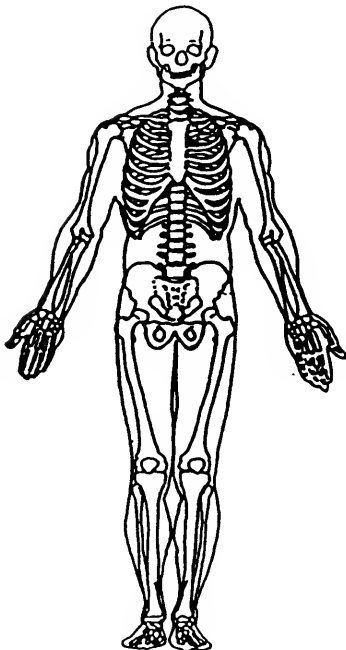


The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10Case Number—Stratum 96

Vehicle Number _____

Occupant Number _____

INJURY DATA FROM INTERVIEWEE(S)Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____**SOFT TISSUE/INTERNAL INJURIES****SKELETAL INJURIES**

The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

NASS CDS INTERVIEW FORM:
VEHICLE #2 DRIVER



INTERVIEW FORM (A)

1. Primary Sampling Unit Number 10

Interviewee(s) Role or Name(s): _____

2. Case Number - Stratum 9626

DRIVER

3. Vehicle Number 02

Phone number: _____

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

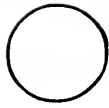
I was W/B going to turn (L) was in middle of intersection lite yellow went to go. My brother said stop the other lady was in turn lane w/o signal. She went straight. we hit. I saw white smoke in her car right after the crash.

I back up car to get off her car prior to shutting off and getting out.

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

SPECIFIC QUESTIONS TO ASK INTERVIEWEE

ACCIDENT DIAGRAM



NORTH

Use this diagram to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

CRASH DATA INFORMATION

IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER:

SOURCE OF INFORMATION:	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Other occupant <input type="checkbox"/> Relative/friend
TRAVEL DIRECTION?	<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input checked="" type="checkbox"/> West (Or where were they coming from or going to?)
LANE?	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other Note: lane 1 is the right curb lane
ROAD CONDITION?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Sand, dirt, oil <input type="checkbox"/> Other (specify) _____
WEATHER CONDITIONS? (Check all that apply)	<input checked="" type="checkbox"/> No adverse conditions <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Sleet <input type="checkbox"/> Hail <input type="checkbox"/> Snow <input type="checkbox"/> Other (specify) _____
SIGN OR SIGNAL PRESENT? (check all that apply)	<input checked="" type="checkbox"/> Traffic control signal (includes flashing beacons, lane control signals, and green / amber / red signal) <input type="checkbox"/> Stop sign <input type="checkbox"/> Yield sign <input type="checkbox"/> School zone sign <input type="checkbox"/> Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: _____ <input type="checkbox"/> Warning sign (Winding road sign, stop ahead, intersection signs, etc.) specify: _____ <input type="checkbox"/> Miscellaneous control (including railroad controls) specify: _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown
WAS THE CONTROL FUNCTIONING PROPERLY?	<input type="checkbox"/> No traffic control device present <input type="checkbox"/> Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: _____ <input checked="" type="checkbox"/> Functioning properly <input type="checkbox"/> Unknown
SPEED BEFORE THE IMPACT? (in mph)	<input checked="" type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
BEFORE IMPACT, INTENDING TO ... ? (check all that apply)	<input type="checkbox"/> Go straight <input type="checkbox"/> Stopped <input checked="" type="checkbox"/> Turn left <input type="checkbox"/> Turn right <input type="checkbox"/> Slow down <input type="checkbox"/> Accelerate <input type="checkbox"/> Back up <input type="checkbox"/> Change lanes to right <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Change lanes to left
CONTROL LOSS DUE TO WEATHER OR MECHANICAL PROBLEMS?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes (describe) _____
AVOIDANCE ACTIONS?	<input checked="" type="checkbox"/> None <input type="checkbox"/> Braking with lock-up <input type="checkbox"/> Accelerating <input type="checkbox"/> Unknown <input type="checkbox"/> Braking without lock-up <input type="checkbox"/> Steering left <input type="checkbox"/> Other- specify: _____ <input type="checkbox"/> Releasing brakes <input type="checkbox"/> Steering right
LOCATION OF VEHICLE AT TIME OF IMPACT?	<input checked="" type="checkbox"/> Original travel lane <input type="checkbox"/> Different travel lane <input type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input type="checkbox"/> Off roadway to left <input type="checkbox"/> Other (specify): _____
SPEED AT THE TIME OF IMPACT? (in mph)	<input checked="" type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
DESCRIBE ALL THE IMPACTS to the vehicle and how this vehicle moved to its stopped position, after the collision?	

VEHICLE INFORMATION**ROLLOVER DATA**

DID THIS VEHICLE ROLL OVER DURING THE CRASH?

☐ YES -- ASK THE FOLLOWING QUESTIONS☒ NO -- SKIP TO "FIRE DATA" BELOW
☐ UNKNOWN -- SKIP TO "FIRE DATA" BELOW

ROLLOVER BEGAN	<input type="checkbox"/> On roadway <input type="checkbox"/> On shoulder <input type="checkbox"/> On roadside or median <input type="checkbox"/> Unknown
ROLLOVER CAUSE?	<input type="checkbox"/> Other vehicle (specify vehicle number) _____ <input type="checkbox"/> Contact to object (specify): _____ <input type="checkbox"/> Other cause (specify): _____ <input type="checkbox"/> Unknown
DIRECTION OF VEHICLE ROLL?	<input type="checkbox"/> Toward the right (passenger side) <input type="checkbox"/> Toward the left (driver side) <input type="checkbox"/> End-over-end <input type="checkbox"/> Unknown
NUMBER OF TURNS	_____ Number of QUARTER TURNS <input type="checkbox"/> Unknown _____ Number of COMPLETE TURNS
PLANE IN CONTACT WITH GROUND AT FINAL REST?	<input type="checkbox"/> Left side <input type="checkbox"/> Top <input type="checkbox"/> Right side <input type="checkbox"/> Wheels <input type="checkbox"/> Unknown

FIRE DATA

DID THIS VEHICLE EXPERIENCE A FIRE?

☐ YES -- ASK THE FOLLOWING QUESTIONS☒ NO -- SKIP THIS SECTION
☐ UNKNOWN -- SKIP THIS SECTION

FIRE STARTED, OR SMOKE WAS FIRST SEEN ...	<input type="checkbox"/> Under the hood <input type="checkbox"/> In the trunk/cargo area <input type="checkbox"/> Behind the instrument panel <input type="checkbox"/> Under the vehicle <input type="checkbox"/> In the passenger compartment <input type="checkbox"/> From other involved vehicle <input type="checkbox"/> Unknown
FIRE START WITH THE ELECTRICAL SYSTEM? <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes (specify): _____
FIRE START WITH THE FUEL SYSTEM? <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes -- specify Which part of the fuel system may have been involved? <input type="checkbox"/> Fuel tank <input type="checkbox"/> Fuel lines <input type="checkbox"/> Engine compartment (specify component if known) <input type="checkbox"/> Unknown

Describe any additional rollover or fire information here:

ADDITIONAL VEHICLE INFORMATION

YEAR, MAKE AND MODEL?	Year: 19 <u>88</u> Make: <u>Plymouth</u> Model: <u>Reliant</u>
PREVIOUS OR POST-CRASH DAMAGE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
DOORS OR HATCH OPEN DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> HATCH <input type="checkbox"/> OTHER _____ <input type="checkbox"/> Unknown
WINDOWS BREAK DURING THE CRASH?	<input type="checkbox"/> No Check all that apply <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other <input type="checkbox"/> Unknown
WINDOW PRECRASH STATUS	<u>probably closed</u> <input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other "O" = open "C" = Closed "P" = partially open "U" = Unknown
GLOVE COMPARTMENT DOOR OPEN DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
CARGO IN THE VEHICLE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - describe: Approximate weight - _____ pounds
VEHICLE MILEAGE	_____ miles <input checked="" type="checkbox"/> Unknown
IF VEHICLE HAS NOT BEEN INSPECTED	Current location of the vehicle: _____ _____ Contact person: _____
Detail any notes, questions to ask interviewee (i.e., rescue personnel damage to vehicle) or directions to vehicle location:	

SPECIAL CRASH INVESTIGATION ADDENDUM: DRIVER INFORMATION

Do you recall the type of development in the area of the crash?	<input checked="" type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input type="checkbox"/> Undeveloped <input type="checkbox"/> School <input type="checkbox"/> Other: _____
What were the weather conditions at the time of the crash?	<input checked="" type="checkbox"/> Clear (no clouds, no precipitation) <input type="checkbox"/> Cloudy (partially cloudy, no precipitation) <input type="checkbox"/> Overcast (full cloud cover, no precipitation) <input type="checkbox"/> Precipitating <input type="checkbox"/> Unknown
What was the type of precipitation?	<input checked="" type="checkbox"/> No precipitation <input type="checkbox"/> Unknown <input type="checkbox"/> Raining <input type="checkbox"/> Freezing rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snowing <input type="checkbox"/> Hailing
What was the condition of the road surface?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy, slushy <input type="checkbox"/> Icy <input type="checkbox"/> Other (e.g., sand, dirt, oil on surface, etc.) <input type="checkbox"/> Unknown
How would you describe the amount of traffic at the time of the crash?	<input type="checkbox"/> Heavy <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> No other traffic present
What is your occupation?	<input type="checkbox"/> Professional <input type="checkbox"/> Technical <input type="checkbox"/> Government official <input type="checkbox"/> Management <input type="checkbox"/> Proprietors <input type="checkbox"/> Sales <input type="checkbox"/> Clerical <input type="checkbox"/> Craftsman and foreman <input type="checkbox"/> Service worker <input checked="" type="checkbox"/> Student <input type="checkbox"/> Farmers and farm-managers <input type="checkbox"/> Farm labors and foreman <input type="checkbox"/> Private household worker <input type="checkbox"/> Housewife <input type="checkbox"/> Other: _____
How long have you driven this vehicle?	Years: _____ Months: <u>< 1</u> <u>25 DAYS</u>
How many miles do you think that you have driven it in the last 12-month period?	Miles: <u>200-300</u>
How often do you drive this particular roadway?	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Twice weekly <input type="checkbox"/> Once weekly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Once monthly <input type="checkbox"/> Very infrequently <input type="checkbox"/> First time on road
Where were you coming from just prior to the crash?	<input type="checkbox"/> Home <input type="checkbox"/> Work <input checked="" type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____
Where were you intending to go when the crash occurred?	<input type="checkbox"/> Home <input checked="" type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____

OCCUPANT DATA QUESTIONS

HOW MANY PEOPLE WERE IN THE VEHICLE AT THE TIME OF THE CRASH?

	DRIVER	OCCUPANT # 2	OCCUPANT # 3
SEATING POSITION? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)	FRONT LEFT		22
SEX, HEIGHT, WEIGHT, AND AGE? CIRCLE DRIVER'S RACE: White Black American Indian Eskimo or Aleut Asian or Pacific Islander Other (specify): Unknown	<input checked="" type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: 5'11" WEIGHT: 170 AGE: 17 DRIVER OF HISPANIC ORIGIN? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> U	<input checked="" type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: 6'1" WEIGHT: 145 AGE: 16	<input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: 5' WEIGHT: 110 AGE: 17
OCCUPANT POSTURE A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input checked="" type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above
FEET AND HANDS/ARMS LOCATION JUST PRIOR TO IMPACT FEET A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown HANDS / ARMS F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	Indicate all letters that apply and further describe as needed A F	Indicate all letters that apply and further describe as needed	Indicate all letters that apply and further describe as needed

OCCUPANT DATA CONTINUED ON NEXT PAGE

OCCUPANT DATA QUESTIONS (continued)

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3+4</u>																																																
BACK UP AGAINST THE SEAT BACK?	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT TRACK, IF "YES" WHERE WAS THE TRACK PRIOR TO IMPACT?	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input checked="" type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input checked="" type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT BACK, IF "YES" WHERE WAS THE BACK PRE AND POST IMPACT	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input checked="" type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input checked="" type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Not adjustable</td> <td><input checked="" type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input checked="" type="checkbox"/> Not adjustable	<input checked="" type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
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TILT STEERING COLUMN ADJUSTMENT PRIOR TO IMPACT	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Center <input type="checkbox"/> Full down	<input type="checkbox"/> Full up <input type="checkbox"/> Between center and full down <input type="checkbox"/> Unknown	<input type="checkbox"/> Between full up and center <input type="checkbox"/> Between center and full down <input type="checkbox"/> Unknown																																																
TELESCOPING STEERING COLUMN PRIOR TO IMPACT	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Midpoint <input type="checkbox"/> Full forward	<input type="checkbox"/> Full back <input type="checkbox"/> Between midpoint and full forward <input type="checkbox"/> Unknown	<input type="checkbox"/> Between full back and midpoint <input type="checkbox"/> Between midpoint and full forward <input type="checkbox"/> Unknown																																																
Did this vehicle have a cellular phone in it during the crash? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe type: _____ (e.g., portable, mounted in vehicle, flip phone, etc.) <input type="checkbox"/> Unknown <u>(Note to researcher: try to determine any driver distractions without implying fault)</u>																																																			
Was the driver doing any of the following? (check all that apply - and specify) <input type="checkbox"/> Talking to or listening to another occupant (specify): <input type="checkbox"/> Was there a moving object in vehicle (specify): <input type="checkbox"/> Talking or listening on a cellular phone (specify): <input type="checkbox"/> Dialing a cellular phone (specify): <input type="checkbox"/> Adjusting climate control (specify): <input type="checkbox"/> Adjusting radio, CD or cassette player (specify): <input type="checkbox"/> Using other device or object in vehicle (specify): <input type="checkbox"/> Sleepy / asleep (specify): <input type="checkbox"/> Distracted by outside person, object, or event (specify): <input type="checkbox"/> Eating or drinking (specify): <input type="checkbox"/> Smoking related (specify): <input type="checkbox"/> Other (specify): <input type="checkbox"/> Unknown																																																			

RESTRAINT INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3+4</u>
TYPE OF SEAT BELT AVAILABLE NOTE: If a belt is not available for a seat position -- describe reason	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:
DO BELTS MOVE ALONG A MOTORIZED TRACK FOR THIS SEAT? (i.e., 2 - point automatic belt)	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", WERE THEY WORKING PROPERLY?	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)
ARE ANY BELTS ATTACHED TO THE DOOR? (i.e., 3 - point automatic belt)	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", DOES IT CROSS:	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both
OCCUPANT WEARING ANY SEATBELT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN			
TYPE OF BELT WORN?	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
LAP BELT SITUATED?	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
SHOULDER BELT SITUATED?	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
Describe any breaks, tears, or failures to any of the seat belts:			

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3+4</u>				
ANY PART OF BODY THROWN OUTSIDE THE VEHICLE DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.				
ANYONE PINNED IN THE VEHICLE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment				
HOW DID OCCUPANT(S) EXIT THE VEHICLE?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input checked="" type="checkbox"/> Unknown				
Further describe any ejection, entrapment, or mobility information here: <table border="0"> <tr> <td>How did occupant(s) depart the crash scene?</td> <td> <input type="checkbox"/> Ambulance <input type="checkbox"/> Police or Tow vehicle <input type="checkbox"/> Relative (specify) <input type="checkbox"/> Friend (specify) <input type="checkbox"/> Other (specify) </td> <td> <input type="checkbox"/> Ambulance <input type="checkbox"/> Police or Tow vehicle <input type="checkbox"/> Relative (specify) <input type="checkbox"/> Friend (specify) <input type="checkbox"/> Other (specify) </td> <td> <input type="checkbox"/> Ambulance <input type="checkbox"/> Police or Tow vehicle <input type="checkbox"/> Relative (specify) <input type="checkbox"/> Friend (specify) <input type="checkbox"/> Other (specify) </td> </tr> </table>				How did occupant(s) depart the crash scene?	<input type="checkbox"/> Ambulance <input type="checkbox"/> Police or Tow vehicle <input type="checkbox"/> Relative (specify) <input type="checkbox"/> Friend (specify) <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Ambulance <input type="checkbox"/> Police or Tow vehicle <input type="checkbox"/> Relative (specify) <input type="checkbox"/> Friend (specify) <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Ambulance <input type="checkbox"/> Police or Tow vehicle <input type="checkbox"/> Relative (specify) <input type="checkbox"/> Friend (specify) <input type="checkbox"/> Other (specify)
How did occupant(s) depart the crash scene?	<input type="checkbox"/> Ambulance <input type="checkbox"/> Police or Tow vehicle <input type="checkbox"/> Relative (specify) <input type="checkbox"/> Friend (specify) <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Ambulance <input type="checkbox"/> Police or Tow vehicle <input type="checkbox"/> Relative (specify) <input type="checkbox"/> Friend (specify) <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Ambulance <input type="checkbox"/> Police or Tow vehicle <input type="checkbox"/> Relative (specify) <input type="checkbox"/> Friend (specify) <input type="checkbox"/> Other (specify)				

AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

☐ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER SIDE FRONTAL	PASSENGER SIDE FRONTAL OCCUPANT # ____	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # ____
VEHICLE BEEN IN ANY PREVIOUS CRASHES? <input type="checkbox"/> NO <input type="checkbox"/> YES - continue to right <input type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED
TYPE OF AIR BAG?	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
PRIOR SERVICE ON THE AIR BAG SYSTEM?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
DID AIR BAG INFLATE DURING THIS CRASH? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
WAS THIS PERSON WEARING ANY TYPE OF EYE-WEAR (EYE/ SUNGLASSES OR CONTACT LENSES) ANY JEWELRY, OR HAVE ANY OBJECTS IN MOUTH OR HAND?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
WAS THE AIR BAG IN THIS POSITION CONTACTED BY ANOTHER OCCUPANT?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:

Describe any additional information here:

CHILD SAFETY SEAT INFORMATION**WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?**☐ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
MAKE AND MODEL OF THE SAFETY SEAT?			
TYPE OF SEAT?		<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown
DIRECTION FACING PRIOR TO THE CRASH?		<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
VEHICLE'S SEAT BELT USED TO HOLD THE SEAT IN PLACE?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
HOW WAS THE VEHICLE'S SEAT BELT SECURED TO THE CHILD SEAT?		<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
WHAT WAS THE CHILD SEAT EQUIPPED WITH AT TIME OF PURCHASE?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
ANY OF THESE ADDED AFTER THEY OWNED THE SAFETY SEAT?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

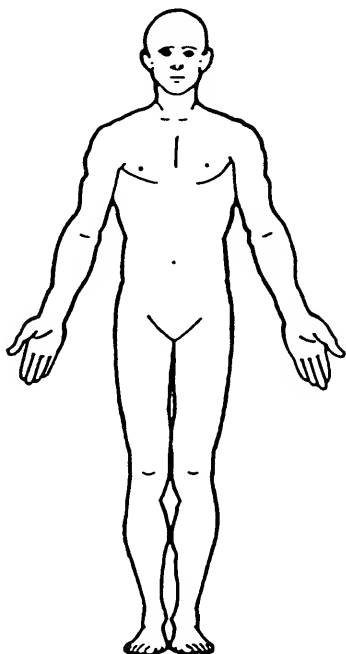
Describe any additional information here:

INJURY INFORMATION

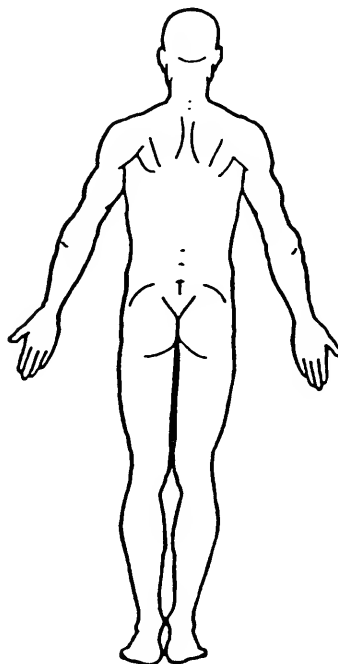
	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3+4</u>
WERE YOU INJURED? ▶ If "YES" go to manikin page and record injuries in detail ▶ If "NO" ask next questions	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
DID YOU HAVE ANY OF THE FOLLOWING: (If any injuries are checked, go to the manikin page and record location, lesion, and source)	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin
TRANSPORTED DIRECTLY FROM ACCIDENT SCENE FOR TREATMENT?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
RECEIVE ANY MEDICAL TREATMENT? (check all that apply)	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
HOSPITALIZED?	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown
TREATED AND RELEASED FROM THE EMERGENCY ROOM?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
NAME OF MEDICAL TREATMENT FACILITY?			
RECEIVE ANY FOLLOW-UP TREATMENT?	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown
LOST ANY DAYS FROM WORK OR SCHOOL (COLLEGE) DUE TO THE CRASH?	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown
IF REQUIRED: WILL YOU SIGN A MEDICAL RELEASE? * If not an in-person interview, make appointment to have release signed	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____

PSU Number 10 Case Number—Stratum 9626 Vehicle Number 02 Occupant Number 01**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): DRIVER

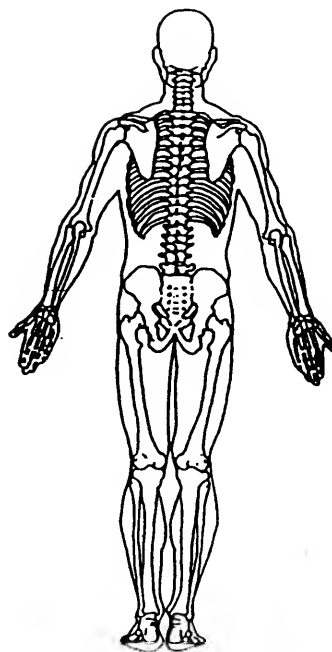
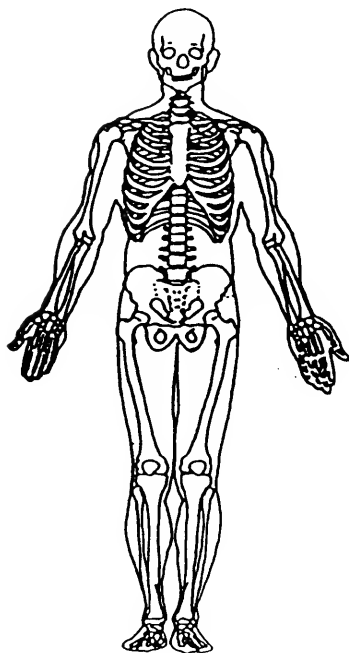
SOFT TISSUE/INTERNAL INJURIES



Not
Injured



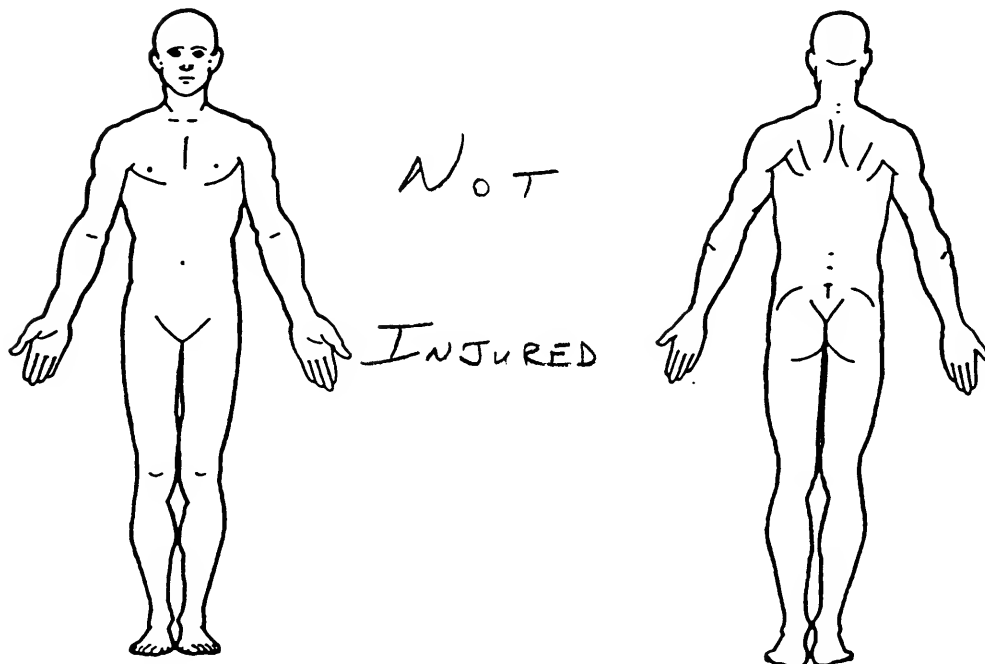
SKELETAL INJURIES



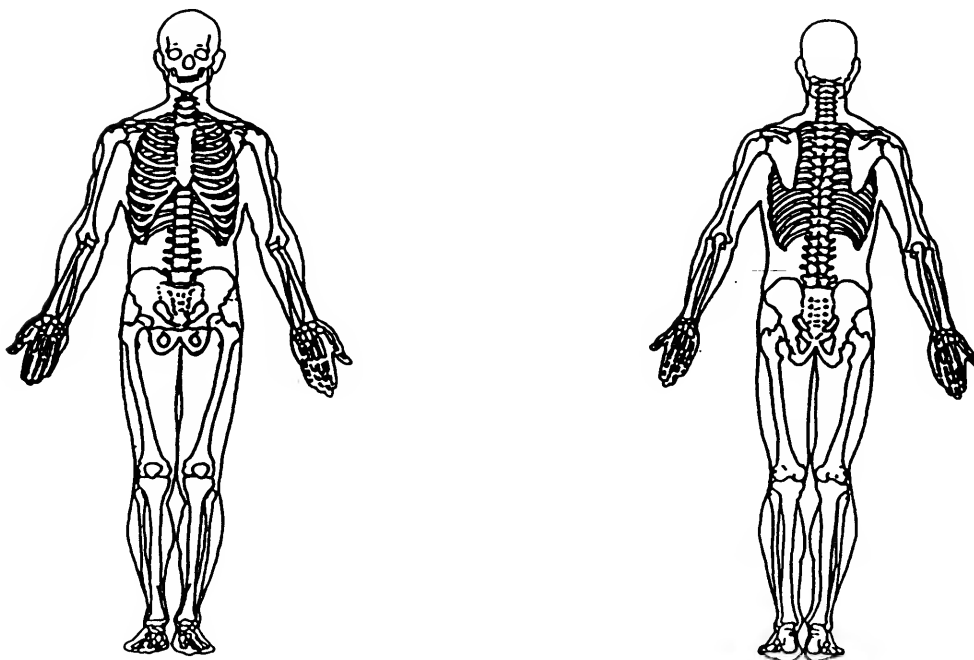
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10Case Number—Stratum 9626Vehicle Number 02Occupant Number 02**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): DRIVER

SOFT TISSUE/INTERNAL INJURIES



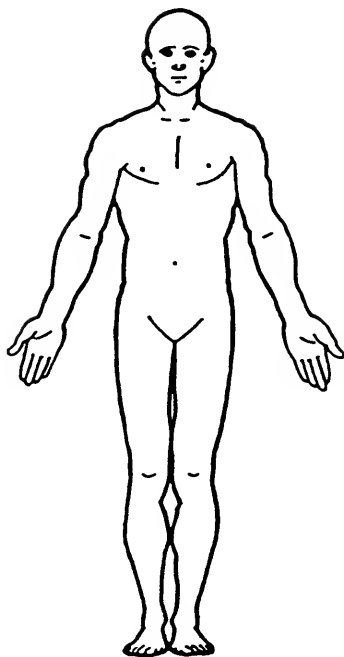
SKELETAL INJURIES



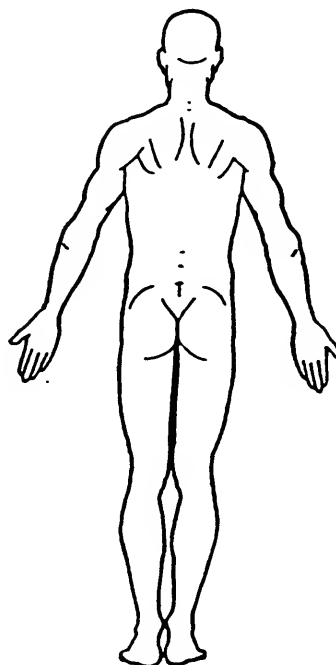
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10Case Number-Stratum 9626Vehicle Number 02Occupant Number 03+04**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): DRIVER

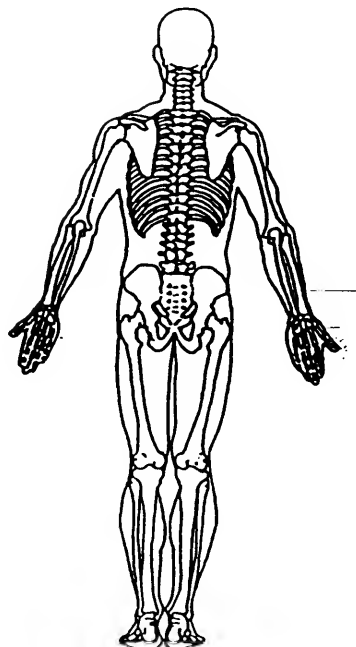
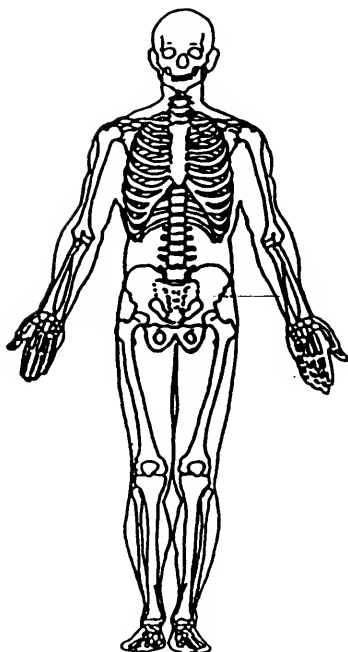
SOFT TISSUE/INTERNAL INJURIES



NOT
INJURED



SKELETAL INJURIES



The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE DRIVER

U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9626
3. Vehicle Number 01
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 23
Code actual age at time of accident.
(00) Less than one year old (specify by month):

(97) 97 years and older
(99) Unknown
6. Occupant's Sex 2
(1) Male
(2) Female-not reported pregnant
(3) Female-pregnant-1st trimester(1st-3rd month)
(4) Female-pregnant-2nd trimester(4th-6th month)
(5) Female-pregnant-3rd trimester(7th-9th month)
(6) Female-pregnant-term unknown
(9) Unknown
7. Occupant's Height 160
Code actual height to the nearest
centimeter.
(999) Unknown

63 inches X 2.54 = 160⁰ centimeters
8. Occupant's Weight 041
Code actual weight to the nearest
kilogram.
(999) Unknown

90 pounds X .4536 = 40⁸² kilograms
9. Occupant's Role 1
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 11
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify):
(15) On or in the lap of another occupant
- Second Seat*
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify):
(25) On or in the lap of another occupant
- Third Seat*
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify):
(35) On or in the lap of another occupant
- Fourth Seat*
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify):
(45) On or in the lap of another occupant
- (97) In or on unenclosed area
(98) Other seat (specify):
(99) Unknown
11. Occupant's Posture 0
(0) Normal posture
- Abnormal posture*
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in
front of seat
(8) Other abnormal posture (specify):
(9) Unknown

EJECTION/ENTRAPMENT12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility 4

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4
- (0) None available
 - (1) Belt removed/destroyed
 - (2) Shoulder belt
 - (3) Lap belt
 - (4) Lap and shoulder belt
 - (5) Belt available—type unknown
- Integral Belt Partially Destroyed*
- (6) Shoulder belt (lap belt destroyed/removed)
 - (7) Lap belt (shoulder belt destroyed/removed)
 - (8) Other belt (specify): _____
 - (9) Unknown
19. Manual (Active) Belt System Use 0 0
- (00) None used, not available, or belt removed/destroyed
 - (01) Inoperative (specify): _____
 - (02) Shoulder belt
 - (03) Lap belt
 - (04) Lap and shoulder belt
 - (05) Belt used—type unknown
 - (08) Other belt used (specify): _____
 - (12) Shoulder belt used with child safety seat
 - (13) Lap belt used with child safety seat
 - (14) Lap and shoulder belt used with child safety seat
 - (15) Belt used with child safety seat—type unknown
 - (18) Other belt used with child safety seat (specify): _____
 - (99) Unknown if belt used
20. Proper Use of Manual (Active) Belts 0
- (0) None used or not available
 - (1) Belt used properly
 - (2) Belt used properly with child safety seat
- Belt Used Improperly*
- (3) Shoulder belt worn under arm
 - (4) Shoulder belt worn behind back or seat
 - (5) Belt worn around more than one person
 - (6) Lap belt worn on abdomen
 - (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
 - (8) Other improper use of manual belt system (specify): _____
 - (9) Unknown
21. Manual (Active) Belt Failure Modes During Accident 0
- (0) No manual belt used or not available
 - (1) No manual belt failure(s)
 - (2) Torn webbing (stretched webbing not included)
 - (3) Broken buckle or latchplate
 - (4) Upper anchorage separated
 - (5) Other anchorage separated (specify): _____
 - (6) Broken retractor
 - (7) Combination of above (specify): _____
 - (8) Other manual belt failure (specify): _____
 - (9) Unknown
22. Manual Shoulder Belt Upper Anchorage Adjustment 1
- (0) No manual shoulder belt
 - (1) No upper anchorage adjustment for manual shoulder belt
- Adjustable Shoulder Belt Upper Anchorage*
- (2) In full up position
 - (3) In mid position
 - (4) In full down position
 - (5) Position unknown
 - (9) Unknown if position has adjustable upper anchorage adjustment
23. Automatic (Passive) Belt System Availability/Function 0
- (0) Not equipped/not available
 - (1) 2 point automatic belts
 - (2) 3 point automatic belts
 - (3) Automatic belts - type unknown
- Non-functional*
- (4) Automatic belts destroyed or rendered inoperative
 - (9) Unknown
24. Automatic (Passive) Belt System Use 0
- (0) Not equipped/not available/destroyed or rendered inoperative
 - (1) Automatic belt in use
 - (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
 - (3) Automatic belt use unknown
 - (9) Unknown
25. Automatic (Passive) Belt System Type 0
- (0) Not equipped/not available
 - (1) Non-motorized system
 - (2) Motorized system
 - (9) Unknown
26. Proper Use of Automatic (Passive) Belt System 0
- (0) Not equipped/not available/not used
 - (1) Automatic belt used properly
 - (2) Automatic belt used properly with child safety seat
- Automatic Belt Used Improperly*
- (3) Automatic shoulder belt worn under arm
 - (4) Automatic shoulder belt worn behind back
 - (5) Automatic belt worn around more than one person
 - (6) Lap portion of automatic belt worn on abdomen
 - (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
 - (8) Other improper use of automatic belt system (specify): _____
 - (9) Unknown
27. Automatic (Passive) Belt Failure Modes During Accident 0
- (0) Not equipped/not available/not in use
 - (1) No automatic belt failure(s)
 - (2) Torn webbing (stretched webbing not included)
 - (3) Broken buckle or latchplate
 - (4) Upper anchorage separated
 - (5) Other anchorage separated (specify): _____
 - (6) Broken retractor
 - (7) Combination of above (specify): _____
 - (8) Other automatic belt failure (specify): _____
 - (9) Unknown

POLICE REPORTED RESTRAINT USE**AIR BAG SYSTEM FUNCTION**28. Police Reported Belt Use 1

- (0) None used
- (1) Police did not indicate belt use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Automatic belt
- (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 1

- (0) No air bag available
- (1) Police did not indicate air bag availability/function
- (2) Deployed
- (3) Not deployed
- (4) Unknown if deployed
- (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection
- ☐ Official injury data
- ☐ Driver/occupant interview
- ☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System Availability/Function (This Occupant Position) 1

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
- (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 1

- (0) Not equipped/not available
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
- (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position) 1

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 1

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 1

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify): _____

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01

- (00) Not equipped/not available
1 Code the accident event sequence number that initiated the air bag deployment

- (96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify): _____

- (6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact + 0012

(_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

(_996) Deployment, unknown longitudinal Delta V

(_997) Not deployed

(_998) Unknown if deployed

(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 1

- (0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 01

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify): _____

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 01
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 2
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

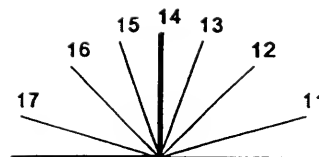
49. Head Restraint Type/Damage by Occupant at This Occupant Position 1
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 02
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 4
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 23

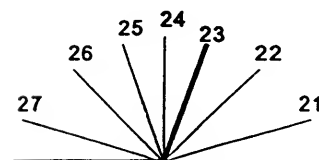
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

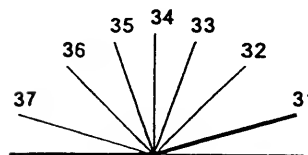
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0059. Child Safety Seat Shield Usage 0060. Child Safety Seat Tether Usage 00Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**61. Injury Severity (Police Rating)** 0

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 0

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 0

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
_____ Code the number of days (up through 60)
that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- _____ Code the number of days
(up through 60) that the occupant
lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES**

66. Time to Death 00
 _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
 (00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown
67. 1st Medically Reported Cause of Death 00
68. 2nd Medically Reported Cause of Death 00
69. 3rd Medically Reported Cause of Death 00
 _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 (00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify): _____
 (97) Other result (includes fatal ruled disease) (specify): _____
 (99) Unknown
70. Number of Recorded Injuries for This Occupant 00
 _____ Code the actual number of injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

TRAUMA DATA

71. Glasgow Coma Scale (GCS) Score 00
 (at Medical Facility)
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured
72. Was the Occupant Given Blood? 1
 (1) No - blood not given
 (2) Yes - blood given
 (specify units): _____
 (9) Unknown if blood given
73. Arterial Blood Gases (ABG) - HCO_3 00
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO_3
 (96) ABGs reported, HCO_3 unknown
 (97) Injured, details unknown
 (99) Unknown if injured

BELT USE DETERMINATION

74. Primary Source of Belt Use Determination 1
 (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (8) Other (specify): _____
 (9) Unknown if belt used

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE RIGHT FRONT PASSENGER

U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM1. Primary Sampling Unit Number 102. Case Number - Stratum 96263. Vehicle Number 014. Occupant Number 02

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 04

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex 2

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height 107Code actual height to the nearest
centimeter.

(999) Unknown

42 inches X 2.54 = 106⁷ centimeters8. Occupant's Weight 014Code actual weight to the nearest
kilogram.

(999) Unknown

31 pounds X .4536 = 14¹ kilograms9. Occupant's Role 2

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 13

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture 4

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in
front of seat

(8) Other abnormal posture (specify):

(9) Unknown

Turned to (L) looking
down for change in
center console.

EJECTION/ENTRAPMENT**12. Ejection**

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0**13. Ejection Area**

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

0**14. Ejection Medium**

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

0**15. Medium Status (Immediately Prior To Impact)**

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

0**16. Entrapment**

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

0**17. Occupant Mobility**

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

1

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):

(9) Unknown

POLICE REPORTED RESTRAINT USE**AIR BAG SYSTEM FUNCTION**28. Police Reported Belt Use 1

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 1

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection
☐ Official injury data
☐ Driver/occupant interview
☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System Availability/Function (This Occupant Position) 1

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 1

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position) 1

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 1

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 1

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01

- (00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):

(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact + 0012

- (_000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
(_996) Deployment, unknown longitudinal Delta V
(_997) Not deployed
(_998) Unknown if deployed
(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 2

- (0) Not equipped/not available
(1) No
(2) Yes (specify): bent - cracked on under-side
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 01

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued***HEAD RESTRAINT AND SEAT EVALUATION**

44. Source of Air Bag Damage 01
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
2 wide tethers
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
2
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 1
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

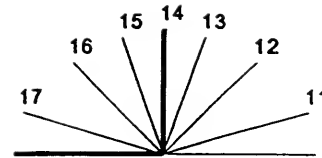
49. Head Restraint Type/Damage by Occupant at This Occupant Position 1
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 02
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 6
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
Adjustable Seat Track
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact** 2 3

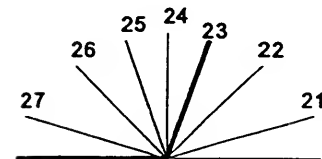
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

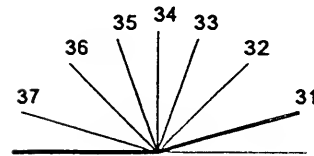
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT55. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0059. Child Safety Seat Shield Usage 0060. Child Safety Seat Tether Usage 00Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 9

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 3

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay *per interviewee* 56
 (00) Not Hospitalized
 _____ Code the number of days (up through 60)
 that the occupant stayed in hospital.
 (61) 61 days or more
 (99) Unknown

65. Working Days Lost 97

- _____ Code the number of days
 (up through 60) that the occupant
 lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES**

66. Time to Death 00
 _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
 (00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown

67. 1st Medically Reported Cause of Death 00

68. 2nd Medically Reported Cause of Death 00

69. 3rd Medically Reported Cause of Death 00
 _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 (00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify): _____

(97) Other result (includes fatal ruled disease) (specify): _____

(99) Unknown

70. Number of Recorded Injuries for This Occupant 07
7 Code the actual number of injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

TRAUMA DATA

71. Glasgow Coma Scale (GCS) Score 02
 (at Medical Facility)
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

72. Was the Occupant Given Blood? 9
 (1) No - blood not given
 (2) Yes - blood given
 (specify units): _____
 (9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

BELT USE DETERMINATION

74. Primary Source of Belt Use Determination 1
 (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (8) Other (specify): _____
 (9) Unknown if belt used

NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE RIGHT FRONT PASSENGER



BEST AVAILABLE

U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9626</u>	4. Occupant Number	<u>02</u>

INJURY DATA													
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.													
A.I.S. - 90													
Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number			
Non anatomic Brainst Injury	5. <u>3</u>	6. <u>1</u>	7. <u>6</u>	8. <u>08</u>	9. <u>20</u>	10. <u>5</u>	11. <u>0</u>	12. <u>252</u>	13. <u>2</u>	14. <u>1</u>	15. <u>00</u>		
Fracture ② 2nd back skull	16. <u>7</u>	17. <u>1</u>	18. <u>5</u>	19. <u>04</u>	20. <u>00</u>	21. <u>2</u>	22. <u>6</u>	23. <u>252</u>	24. <u>2</u>	25. <u>1</u>	26. <u>00</u>		
Contusion ③ 3rd back scalp	27. <u>2</u>	28. <u>1</u>	29. <u>9</u>	30. <u>04</u>	31. <u>02</u>	32. <u>1</u>	33. <u>6</u>	34. <u>252</u>	35. <u>1</u>	36. <u>1</u>	37. <u>00</u>		
Abrasions ④ 4th eye	38. <u>3</u>	39. <u>2</u>	40. <u>9</u>	41. <u>72</u>	42. <u>02</u>	43. <u>1</u>	44. <u>1</u>	45. <u>180</u>	46. <u>1</u>	47. <u>1</u>	48. <u>00</u>		
Contusions ⑤ 5th eye	49. <u>3</u>	50. <u>2</u>	51. <u>9</u>	52. <u>74</u>	53. <u>02</u>	54. <u>1</u>	55. <u>1</u>	56. <u>180</u>	57. <u>1</u>	58. <u>1</u>	59. <u>00</u>		
Contusion ⑥ 6th eye	60. <u>7</u>	61. <u>2</u>	62. <u>9</u>	63. <u>04</u>	64. <u>02</u>	65. <u>1</u>	66. <u>7</u>	67. <u>180</u>	68. <u>1</u>	69. <u>1</u>	70. <u>00</u>		
Contusion ⑦ 7th shoulder	71. <u>7</u>	72. <u>7</u>	73. <u>9</u>	74. <u>04</u>	75. <u>02</u>	76. <u>1</u>	77. <u>1</u>	78. <u>180</u>	79. <u>2</u>	80. <u>1</u>	81. <u>00</u>		
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>		
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>		
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>		

OCCUPANT INJURY DATA

[illegible]

**BODY DIAGRAMS AND MEDICAL RECORDS
FROM
INITIAL TREATMENT FACILITY**

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Air bag
deployed
(ET, ER)

Restrained?

☒ No (ER)

☐ Yes

Blood Alcohol Level
(mg/dl)

BAL = ____

Glasgow Coma
Scale Score

GCSS = ____

Units of Blood
Given

Units = ____

Arterial Blood Gases

pH = ____

PO₂ = ____

PCO₂ = ____

HCO₃ = ____

4 year-old
white female
(HP)

Passenger hit by passenger air bag (ET, HP)
Unrestrained front seat passenger (ER)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• Abrasions +
bruising around
ⓧ eye (ER)

Bruising about eyes
(ET)

Blood about mouth
(ET, ER)

• Hemotympanum ②
(FS, HP)

Hematoma, large,
② posterolateral
scalp
(ET, FS, HP)

• C-Spine: supple
without any
tenderness,
crepitus, or
deformity
upon palpation
+ range of
motion testing
(HP)

Dx: Head Injury
Possible Internal Injuries
(ER)

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head	<u>Vessels, Nerves, Organs, Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02. The exceptions to this rule apply to:	Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck			(3) Bilateral
(4) Thorax			(4) Central
(5) Abdomen			(5) Anterior
(6) Spine		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
		(0) Whole region	
Type of Anatomic Structure	<u>Whole Area</u>		
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

Abbreviated Injury Scale	
(1)	Minor Injury
(2)	Moderate Injury
(3)	Serious Injury
(4)	Severe Injury
(5)	Critical Injury
(6)	Maximum (untreatable)
(7)	Injured, unknown severity

SOURCE OF INJURY DATA**INJURY SOURCE
CONFIDENCE LEVEL****DIRECT/INDIRECT INJURY****OFFICIAL RECORDS**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

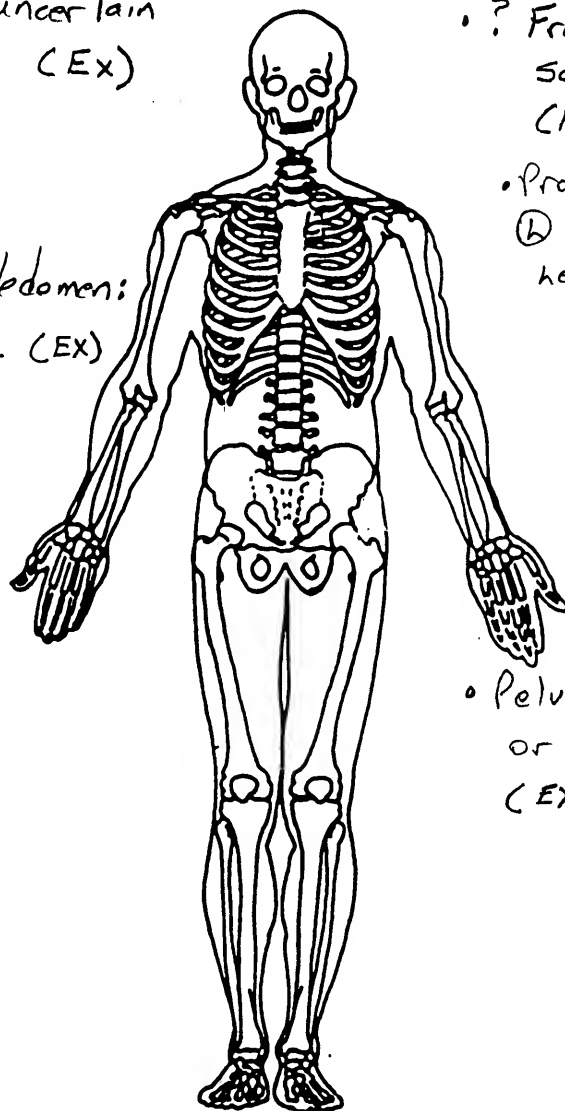
- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

- Skull: Possible fracture—uncertain of findings (EX)

- Chest and abdomen: unremarkable (EX)

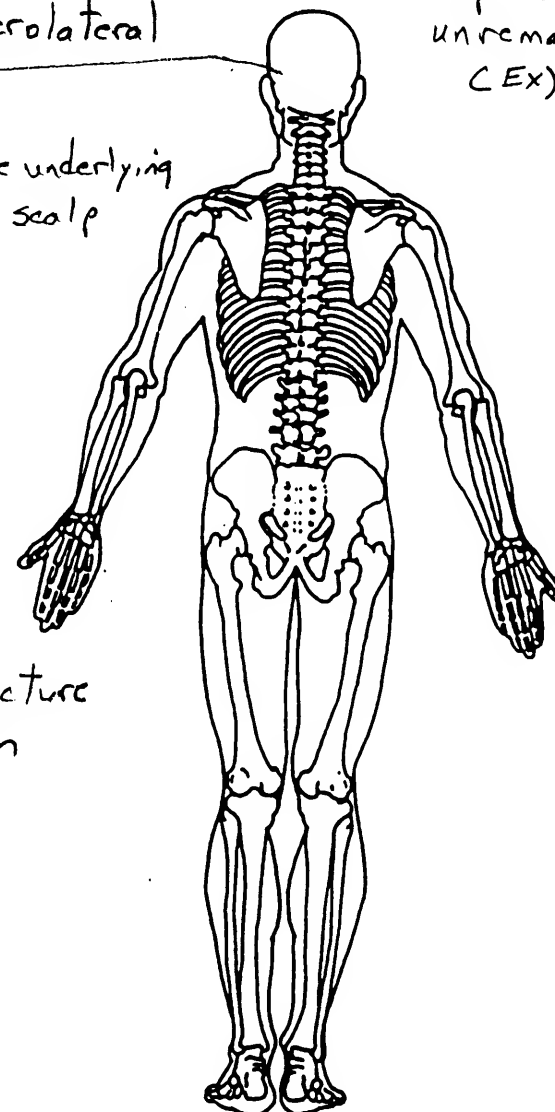


- ? Fracture ① posterolateral scalp (FS, HP)

- Probable fracture underlying ② posterolateral scalp hematoma (HP)

- Pelvis: no fracture or dislocation (EX)

- C-Spine: unremarkable (EX)



INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____
- (019) Other front object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify) _____
- (195) Other air bag compartment cover (specify) _____

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____

- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

OFFICIAL INJURY DATA — INTERNAL INJURIES

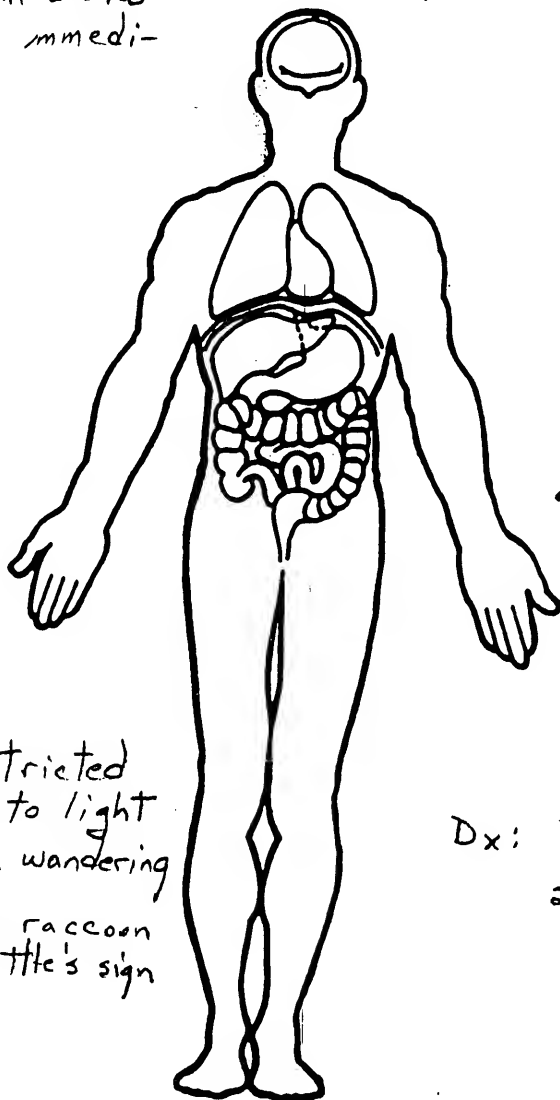
- Lying supine on ground with C-spine held by nurse on scene (ET, ER, HP)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

- Unconscious @ scene, Mom states unconscious immediately (ET, ER)

- Pt moaning (in ER) at times (ER, SR)

- Pt responds @ scene to painful stimuli (ET)

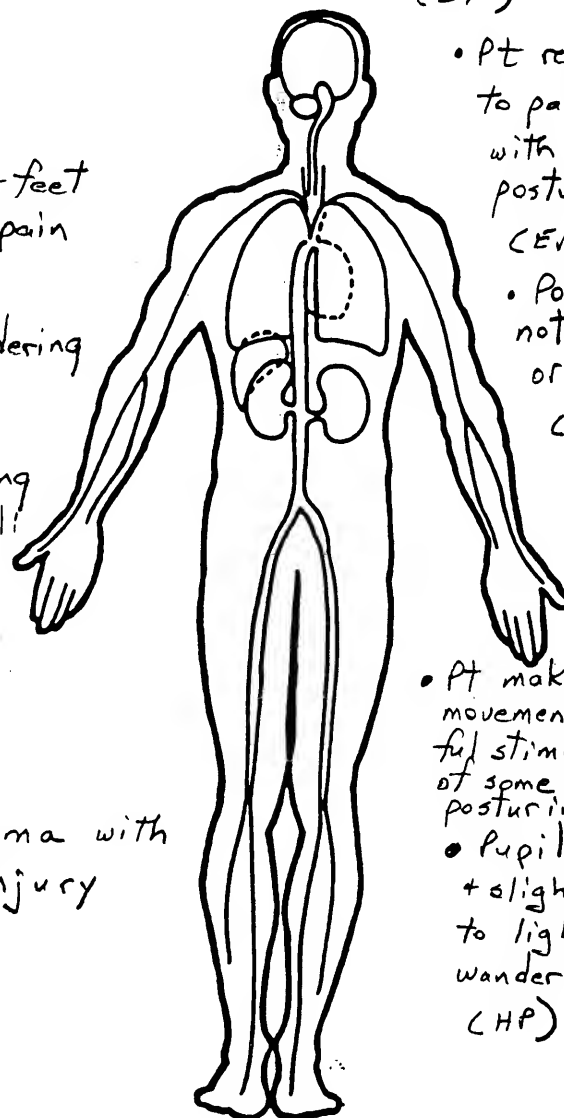


- Moves @ arm + feet in response to pain (TF)

- @ pupil wandering (TF)

- Continues posturing to painful stimuli or movement (SR)

Dx: Traumatic coma with severe brain injury (FS, HP)



- Pt responds only to painful stimuli with decorticate posturing (ER, HP)

- Posturing was not consistent or persistent (HP)

- Pt makes purposeful movement upon painful stimuli — question of some decorticate posturing (HP)

- Pupils are equal + slightly reactive to light — some wandering of eyes (HP)

- Pupils constricted but react to light with @ eye wandering (ET)
- No definite raccoon eyes or Battle's sign (HP)

CAUSE OF DEATH

ICD-9-CM

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

TF = Assessment for Transfer form

SR = Supplemental ER Treatment Record

EMS SERVICE:

COUNTY:

LOCATION OF CALL:

COUNTY EMS RUN REPORT FORM

DATE

RUN NUMBER

NAME:

ADDRESS:

AGE:

1	2	3	4	5	6	7	8	9	10

TART N/A

ENT 0

MILEAGE

CHIEF COMPLAINT/ASSESSMENT pt. lying supine on ground unconscious c-spine held by nurse on scene. pt. was passenger of auto w/ front end damage + she was hit by passenger airbag. Mother carried pt. to Police car. Pt. has large hematoma to back of head, blood about mouth. Pt. responds to painful stimuli. Lung sounds bilaterally, Pupils are constricted but react ^{to light} (4) Eye wondering. Vitals as noted, sternal collar applied, coat removed, pt. Logrolled to Longboard + secured w/ CTO + Straps. O₂ as noted. To cot + Squad, 2nd reveals no other obvious nor palpable injuries, car refill normal. ER contacted + pt. to MCH-ER for

SIGNIFICANT HISTORY none // EVAL + treatment. Pt. has some bruising about eyes. To ER

ALLERGIES none // 3 change. Mom states pt. was unconscious immediately. PHYSICIAN UNKNOWN

PATIENT MEDS.		PHYSICAL ASSESSMENT		DRUGS		HOSPITAL CONTACT	
		SKIN	PUPILS	TIME	DRUG SOL DEFIB	DOSE WAIT SEC	ROUTE
<u>none</u>		<input type="checkbox"/> NORMAL	RESPONSIVE R <u>X</u> L <u>X</u>		<u>O₂</u>	<u>15/100</u>	<u>MASK</u>
		<input type="checkbox"/> CYANOTIC	UNEQUAL R <u>-</u> L <u>-</u>				
		<input checked="" type="checkbox"/> PALE, ASHEN	DILATED R <u>-</u> L <u>-</u>				
		<input type="checkbox"/> FLUSHED	CONSTRUCTED R <u>X</u> L <u>X</u>				
		<input type="checkbox"/> DRY	NON-REACTIVE R <u>-</u> L <u>-</u>				
		<input type="checkbox"/> JAUNDICED	BREATH SOUNDS				
		<input type="checkbox"/> DIAPHORETIC	CLEAR R <u>X</u> L <u>X</u>				
		<input checked="" type="checkbox"/> COOL	RALES R <u>-</u> L <u>-</u>				
		<input type="checkbox"/> WARM	WHEEZES R <u>-</u> L <u>-</u>				
			DIMINISHED R <u>-</u> L <u>-</u>				
			ABSENT R <u>-</u> L <u>-</u>				
SUSPECTED NATURE OF PROBLEM				JUSTIFICATION CODES: POS - PHYSICIAN ON SCENE, SO - STANDING ORDERS, EDP - ED PHYSICIAN			
<input type="checkbox"/> ABDOMINAL PAIN	<input type="checkbox"/> CARDIAC	<input checked="" type="checkbox"/> MULTIPLE TRAUMA	<input type="checkbox"/> SPINAL CORD	NAME OR SIGNATURE OF PHYSICIAN:			
<input type="checkbox"/> ALCOHOL-RELATED	<input type="checkbox"/> DEAD ON ARRIVAL	<input checked="" type="checkbox"/> BLUNT / PENETRATING	<input type="checkbox"/> STABBING				
<input type="checkbox"/> ALLERGIC REACTION	<input type="checkbox"/> DIABETIC	<input type="checkbox"/> OB/GYN	<input type="checkbox"/> STROKE				
<input type="checkbox"/> ANXIETY	<input type="checkbox"/> FEVER	<input type="checkbox"/> OVERDOSE	<input type="checkbox"/> SUICIDE ATTEMPT				
<input type="checkbox"/> ASSAULT	<input type="checkbox"/> FRACTURE/SPRAIN	<input type="checkbox"/> POISONING	<input type="checkbox"/> UNCONSCIOUSNESS				
<input type="checkbox"/> BEHAVIOR DISORDER	<input type="checkbox"/> HEAD INJURY	<input type="checkbox"/> RESPIRATORY	<input type="checkbox"/> WEAKNESS/ PARALYSIS/MAIMNESS				
<input type="checkbox"/> BLEEDING/LACERATIONS	<input type="checkbox"/> MULTIPLE COMPLAINTS	<input type="checkbox"/> SEIZURE	<input type="checkbox"/> OTHER:				
<input type="checkbox"/> BURNS	<input type="checkbox"/> NAUSEA/VOMITING	<input type="checkbox"/> SHOOTING					
TREATMENT GIVEN				CREW MEMBERS/DESIGNATE A EMT-A			
<input checked="" type="checkbox"/> AIRWAY	<input type="checkbox"/> CPR	TIME	<input checked="" type="checkbox"/> SPINAL	<input type="checkbox"/> INFANT DELIVERY	AA EMT-AA P EMT-P D L A E R O OTHER		
<input type="checkbox"/> ORAL	<input type="checkbox"/> SQUAD		<input checked="" type="checkbox"/> BACKBOARD				
<input type="checkbox"/> NASAL	<input type="checkbox"/> BY-STANDER		<input type="checkbox"/> REEVES				
<input type="checkbox"/> EOA	<input type="checkbox"/> DEFIB/CARDIOVERT		<input type="checkbox"/> SCOOP				
<input type="checkbox"/> EGTA	<input type="checkbox"/> EXTRICATION		<input type="checkbox"/> OTHER				
<input type="checkbox"/> ETT	<input type="checkbox"/> KED/XPI		<input type="checkbox"/> EXTREMITY				
<input type="checkbox"/> ORAL	<input type="checkbox"/> SBB		<input type="checkbox"/> AIR	<input type="checkbox"/> INFLATED			
<input type="checkbox"/> NASAL	<input type="checkbox"/> OTHER		<input type="checkbox"/> BOARD	<input type="checkbox"/> RIGHT LEG			
<input type="checkbox"/> CRICOID	<input type="checkbox"/> ICE PACK		<input type="checkbox"/> DISPOSABLE	<input type="checkbox"/> LEFT LEG			
<input type="checkbox"/> CANNULA	<input type="checkbox"/> IMMOBILIZATION		<input type="checkbox"/> FRAC. PAC.	<input type="checkbox"/> ABDOMINAL			
<input checked="" type="checkbox"/> MASK	<input checked="" type="checkbox"/> CERVICAL		<input type="checkbox"/> HARE	<input type="checkbox"/> PSYCHOLOGICAL 1st AID			
<input checked="" type="checkbox"/> MASK W/O BAG	<input type="checkbox"/> EXTRICATE		<input type="checkbox"/> SAGER	<input type="checkbox"/> RELIEF TENSION PNUMO			
<input type="checkbox"/> RFB/AMBU	<input type="checkbox"/> FOAM		<input type="checkbox"/> SLATTED	<input type="checkbox"/> SUCTION			
<input type="checkbox"/> POS. PRESSURE	<input type="checkbox"/> ORTHOPED		<input type="checkbox"/> OTHER	<input type="checkbox"/> NASAL			
<input type="checkbox"/> FLOW RATE	<input type="checkbox"/> PHILLY			<input type="checkbox"/> ORAL			
<input type="checkbox"/> BANDAGE	<input type="checkbox"/> SAND BAGS			<input checked="" type="checkbox"/> TRACHEAL			
<input type="checkbox"/> BURN CARE	<input type="checkbox"/> OTHER			<input type="checkbox"/> TRANSPORT ONLY			
<input type="checkbox"/> CARDIAC MONITOR							
<input type="checkbox"/> CONTROL BLEEDING							

PHYSICIANS NOTES		IN		OUT		PHYSICIANS ORDERS:	
TIME:	ATTENDING	FAMILY	CONSULTANT	CONSULTANT	TIME CALLED		TIME RESPONDED
<p>0400 stable neck ③ 100% O₂ res</p> <p>neck</p> <p style="text-align: center;">This information has been disclosed to you from records whose confidentiality is protected by Federal Law (42 U.S.C. Part 2) prohibiting any further disclosure of information without consent of the individual to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.</p>						<p>c/w 1st</p> <p>shell AP</p> <p>x take lot of C-sp</p> <p>CXR AP</p> <p>pelvic AP</p> <p>IV: 5% D₅ K N/S</p> <p>IV: D₅ (N/S)</p> <p>Foley cath.</p> <p>Tube placement x-ray</p>	
<p>②</p> <p>②</p> <p>① Hemotympan ④ ④ Transmitted Cornea</p> <p>③ severe intra - severe</p>							
<p>①</p> <p>②</p> <p>③</p> <p>④</p> <p>⑤</p> <p>⑥</p> <p>⑦</p> <p>⑧</p> <p>⑨</p> <p>⑩</p> <p>⑪</p> <p>⑫</p> <p>⑬</p> <p>⑭</p> <p>⑮</p> <p>⑯</p> <p>⑰</p> <p>⑱</p> <p>⑲</p> <p>⑳</p> <p>㉑</p> <p>㉒</p> <p>㉓</p> <p>㉔</p> <p>㉕</p> <p>㉖</p> <p>㉗</p> <p>㉘</p> <p>㉙</p> <p>㉚</p> <p>㉛</p> <p>㉜</p> <p>㉝</p> <p>㉞</p> <p>㉟</p> <p>㊱</p> <p>㊲</p> <p>㊳</p> <p>㊴</p> <p>㊵</p> <p>㊶</p> <p>㊷</p> <p>㊸</p> <p>㊹</p> <p>㊺</p> <p>㊻</p> <p>㊼</p> <p>㊽</p> <p>㊾</p> <p>㊿</p>						<p>child (col) <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input checked="" type="checkbox"/> POOR <input type="checkbox"/> EXPIRED</p> <p>SEE ADDITION</p> <p>① RETURN IF</p>	
<p>DISPOSITION</p> <p>TRANSFER</p> <p>SEE ADDITION</p> <p>① RETURN IF</p>							
<p>PIAN</p> <p>TSIT</p> <p>ERNU</p> <p>CTIO</p> <p>NS</p>						<p>X ATTENDING PHYSICIAN SIGNATURE</p> <p>ACCOMPANIED BY</p> <p>I HAVE RECEIVED MY INSTRUCTIONS AND I UNDERSTAND THEM.</p>	
<p>X PHYSICIAN</p> <p>X NURSE</p> <p>X PATIENT</p>							

POSITION FOR ALIGNMENT

BROUGHT IN BY:		IF INJURY		CHRONIC ILLNESS: <input checked="" type="checkbox"/> NONE KNOWN	
<input type="checkbox"/> PRIV. CAR	<input checked="" type="checkbox"/> AMBULANCE	DATE	TIME		
<input type="checkbox"/> POLICE					
<input type="checkbox"/> OTHER					
CURRENT RX				RX ALLERGIES: <input checked="" type="checkbox"/> NONE KNOWN	

WEIGHT		VITAL SIGNS					RN SIGNATURE		FAMILY PHYSICIAN		VISION	
LB/KG	30#	TIME	TEMP	PULSE	RESP.	B/P	IMMUNIZATIONS		BASIC TETANUS		OS	
LNMP							<input type="checkbox"/> CURRENT	<input type="checkbox"/> YES <input type="checkbox"/> NO		OD		
							<input type="checkbox"/> BEHIND	DATE OF LAST TETANUS		OU		

PHYSICIAN	TIME IN/DATE	PATIENT #	PATIENT NAME	TRIAGE NOTE	TRIAGE CLASS

Continuing NSG Assessment.

Time: Pt brought per [unclear] from [unclear] found on ground
 2 C-spine held per bystander. Pt was unrestrained
 front passenger - air bag deployed. Pt unconscious
 fully immobilized on backboard, CTD + stiff neck
 100% per mask responsive only to painful
 stimuli - decorticate posturing. Placed on monitor
 showing SR rate of 74. SaO₂ 100%. IV attempts x 1 to
 Phlebotomy. #20 angio started in L hand, 25
 NS 1000cc at KID. 2nd line in R antecub z butterfly from
 lab draw. 1st table X-ray done. #12 French Foley inserted
 dcf - a clear yellow urine at Pt. moaning at times.
 abrasions + bruising around eye, small amt blood in
 mouth.

Addnl. NSG Form Us:

Keep valve open

NURSING DIAGNOSIS: (NUMBER BY IMPORTANCE)

- ___ Airway Clearance, Ineffective
- ___ Anxiety
- ___ Breathing Patterns, Ineffective
- ___ Cardiac Output, Decreased
- ___ Comfort, Alterations in
- ___ Communication Impaired
- ___ Coping, Ineffective

☒ Trauma

☐ Supplemental

☐ Follow Up Care Instruction Form

- ___ Fluid Volume, Alterations in
- ___ Gas Exchange, Impaired
- ___ Hyperthermia (Fever)
- ___ Infection, Potential
- ☒ Injury, Potential
- ___ Knowledge Deficit
- ___ Mobility Impaired

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DX	MUTUALLY SET PATIENT GOAL/EXPECTED OUTCOME BY DISCHARGE	GOAL EVAL.	NURSE INIT	KEY
#1	alt tissue perfusion R/T Head Injury	sufficient for disp		M - GOAL MET N - GOAL NOT MET * - EVALUATION IN NURSES NOTES
#2	Red Injury R/T internal injuries	- poss		
#3				
		POLICE here	OSP	
		SHERIFF	CORONER	TIME

EMERGENCY ROOM NOTE

This dictation is not complete without the original ER chart.

HISTORY OF PRESENT ILLNESS: Apparently the patient was found on the ground following a motor vehicle accident. Apparently the patient was in the front seat when the air bag deployed, presumably rendering the patient unconscious.

PHYSICAL EXAMINATION: Reveals the patient to be a white female who appears to be her stated age. She responds only to painful stimuli. The patient did have rigidity of her [redacted] was doing some posturing that appeared to be decorated in [redacted] stimuli, however this was not consistent or persistent.

SKULL/FONTANELLES: The patient has a large [redacted] hematoma to the left posterior lateral scalp with possible underlying fracture. There is no definite raccoon eyes or battle signs.

EARS: The patient does have blood behind the left TM, but not the right.

NOSE: There is no rhinorrhea, foreign bodies, blood edema or hyperemia of the nasal mucosa.

ORAL PHARYNX: Clear without hyperemia or exudates. Oral pharynx is patent without edema. There is a trace of blood in the oropharynx. There is no active bleeding noted.

EYES: Pupils are equal and slightly reactive to light. There is some wandering of the eyes.

NECK/SPINE: Supple without any tenderness, crepitus, or deformity upon palpation and range of motion testing. The spinous processes appear to be aligned.

HEART: Regular rate and rhythm without gross murmurs, rubs or gallops. Heart sounds are good. PMI within normal limits.

LUNGS: Breath sounds are bilaterally equal and excellent. There are [redacted] rubs, rales, tachypnea or retractions. Breath sounds are bilaterally equal.

CHEST WALL: There is no tenderness, crepitus, subcutaneous emphysema, hematomas, abrasions, hyperemia, ecchymosis, swelling, deformity or paradoxical movement of the chest wall.

ABDOMEN: Soft without masses, tenderness, pulsations or bruits. There is no hepatosplenomegaly or tenderness of those organs. There is no distention or tympany to percussion. Bowel sounds are hyperactive without high pitched tones. Femoral pulses are bilaterally equal and good and without bruits. There are no inguinal masses or hernias noted.

EXTREMITIES: The patient does make purposeful movement upon painful stimuli. There is no definite lateralizing signs at this time. There is a question of some decorative posturing.

(continued)

DISCUSSION: Because of the nature of the [REDACTED] he was transferred to [REDACTED] in [REDACTED] via Med Flight. I did intubate the patient. Med Flight nurse gave Versed 1/2 mg IV followed by succinylcholine after I inserted a 5.5 ET tube. Chest x-ray did show that the tip of the ET tube was in the very proximal right main stem bronchus and it was withdrawn a centimeter and then retaped. Breath sounds did improve after the tube was withdrawn. The patient was hyperventilated.

MEDICAL IMPRESSION:

1. Motor vehicle accident.
2. Large hematoma of the left posterior lateral scalp with probable underlying fracture.
3. Hemotympanum on the left.
4. Traumatic coma with brain injury being severe in nature.
5. Discuss the patient with [REDACTED] at [REDACTED] in [REDACTED] who will accept the patient.

RADIOLOGY REPORT

DATE:

X-RAY #:

TO X-RAY:

CERVICAL SPINE:

Single lateral film of the cervical spine was obtained. I see no evidence of a fracture or malalignment. The vertebral body heights are maintained as are the disc spaces. The prevertebral soft tissues appear unremarkable.

IMPRESSION: exam.

PELVIS:

Single film of the pelvis was obtained. There is no evidence of fracture or dislocation. The bony structures and soft tissues appear unremarkable.

IMPRESSION: No evidence of fracture or dislocation.

CHEST AND ABDOMEN:

Single AP film of the chest and abdomen was obtained. There is no evidence of a fracture. The cardiomediastinal structures are within normal limits. The lungs are well expanded and clear and the costophrenic angles are sharp. The bowel gas pattern is non-specific. There is no evidence of a pneumoperitoneum on this exam.

IMPRESSION: Unremarkable exam.

SKULL SERIES:

The study is limited to a single lateral projection. Portions of the calvarium are obscured by overlying immobilization devices. There is a lucency traversing the parietal bone regions. I am uncertain if this represents a sutural marking or possibly a prominent vascular groove or possibly even a fracture line. A more complete exam of the skull, possibly a CT exam may be of additional value to further evaluate the patient. The findings have been discussed with

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BEST AVAILABLE

Patient's status at time of transfer unstable

Transferring Physician _____

Telephone No. _____

Diagnosis head trauma

Physician to Physician Contact - Time _____

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Copy of Patient's Medical Record

Copy of Lab Reports (if applicable)

Copy of X-rays (if applicable)

Family Notified of Transfer

Family Coming to Receiving Hospital

Nursing Report

Called By: _____

Nursing Report

Received By: _____

Sending Unit: _____

Receiving Unit: _____

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Allergies NKA

Chronic Illnesses: NONE

R.N. Attendance [] Yes [] No

Medications Given Prior to Transfer NONE

us Given: [] Yes [✓] No

RESPIRATORY SYSTEM

Breath Sounds: [✓] Normal [] Labored [] Trach [✓] ET Tube [] Vent
C moist resp. C 5 1/2 @ 1600

Chest Tubes Present: [] Yes [✓] No

Size: _____ Location: _____

Drainage: [] Pleuravac [] Emerson

CARDIOVASCULAR

Vital Signs: BP: LT 120/80 RT _____ P 78 R 80 T 97.4

Peripheral Pulses [✓] Yes [] No

Heart Rhythm and Rate: (place strip on back)

Edema Present [] Yes [✓] No

Butterfly

IV's: Type I

Site Anticub

Rate TKO

Type D5.225

Site Hand

Rate TKO

NEURO

Mental Status: [] Alert [] Disoriented [✓] Unresponsive

Moves all extremities [✓] Yes [] No

(R) arm & feet in response to pain

Speech: [] Clear [] Slurred

Pupils: [✓] Reactive [] Nonreactive [] Unequal

(L) pupil wandering

C-Spine: [] Stable [✓] Immobilized [✓] C Collar [✓] Backboard

Seizures: [] Yes [✓] No

SKIN: [] pink [✓] pallor [] cyanotic [] dry [] cold [] diaphoretic

G.U.: Urination: [✓] self [✓] Foley I&F

G.I.:

Abdomen: [✓] soft [] rigid

Bowel Sounds: [✓] present [] absent

WOUND/DRESSING: [] present [] absent

Drains/Tubes: _____

ORTHOPEDIC STATUS

Fracture: [] Yes [] No

ADDITIONAL HISTORY

Exposed to Communicable Disease [] Yes [] No [] N/A

Patient's Belongings: [] with patient [✓] with family

Alcohol/Drug Use [] Yes [✓] No
If Yes, Substance _____

This information has been disclosed to you
soft, abdomen rigid, distended
present, absent
prohibit you from making any
further disclosure of this information to []
written consent of the person to whom it
pertains, or as otherwise permitted by such
regulations. It is not to be used for the
release of medical or other information to []

RADIOLOGY REPORT

DATE:

X-RAY #

TO X-RAY:

CHEST:

Single portable chest film was obtained post intubation. The endotracheal tubing is noted in the very proximal right main stem bronchus and should be retracted slightly. The right lung is hyperinflated in comparison with the left lung at this time.

Date _____

FD-49200 Rev. 4/73

**BODY DIAGRAMS AND MEDICAL RECORDS
FROM
FACILITY TO WHICH
OCCUPANT WAS TRANSFERRED AND HOSPITALIZED**

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

☐ No

☐ Yes

Blood Alcohol Level
(mg/dl)

BAL =

Glasgow Coma
Scale Score

GCSS =

Units of Blood
Given

Units =

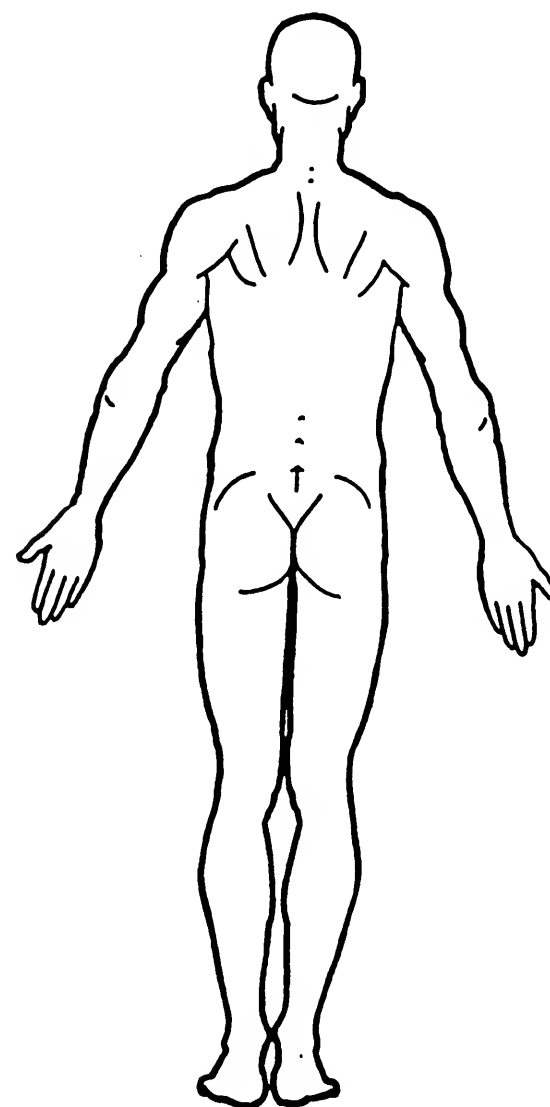
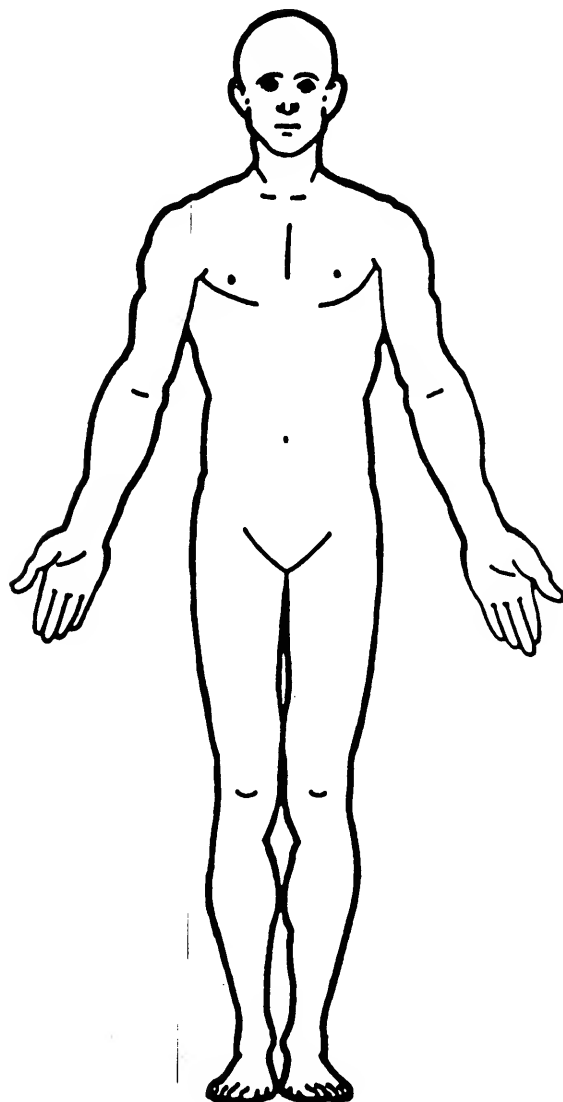
Arterial Blood Gases

pH =

PO₂ =

PCO₂ =

HCO₃ =



*Child's parents would not return
signed medical release*

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:		(9) Unknown
			(0) Whole region

Type of Anatomic Structure

(1) Whole Area	<u>Whole Area</u>
(2) Vessels	(02) Skin - Abrasion
(3) Nerves	(04) Skin - Contusion
(4) Organs (includes Muscles/ligaments)	(06) Skin - Laceration
(5) Skeletal (includes joints)	(08) Skin - Avulsion
(6) Head - LOC	(10) Amputation
(9) Skin	(20) Burn
	(30) Crush
	(40) Degloving
	(50) Injury - NFS
	(90) Trauma, other than mechanical

Abbreviated Injury Scale

(1) Minor Injury
(2) Moderate Injury
(3) Serious Injury
(4) Severe Injury
(5) Critical Injury
(6) Maximum (untreatable)
(7) Injured, unknown severity

Head - LOC

(02) Length of LOC

(04) Level

(06) of

(08) Consciousness

(10) Concussion

Spine

(02) Cervical

(04) Thoracic

(06) Lumbar

SOURCE OF INJURY DATA**INJURY SOURCE****CONFIDENCE LEVEL****DIRECT/INDIRECT INJURY**OFFICIAL RECORDS

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

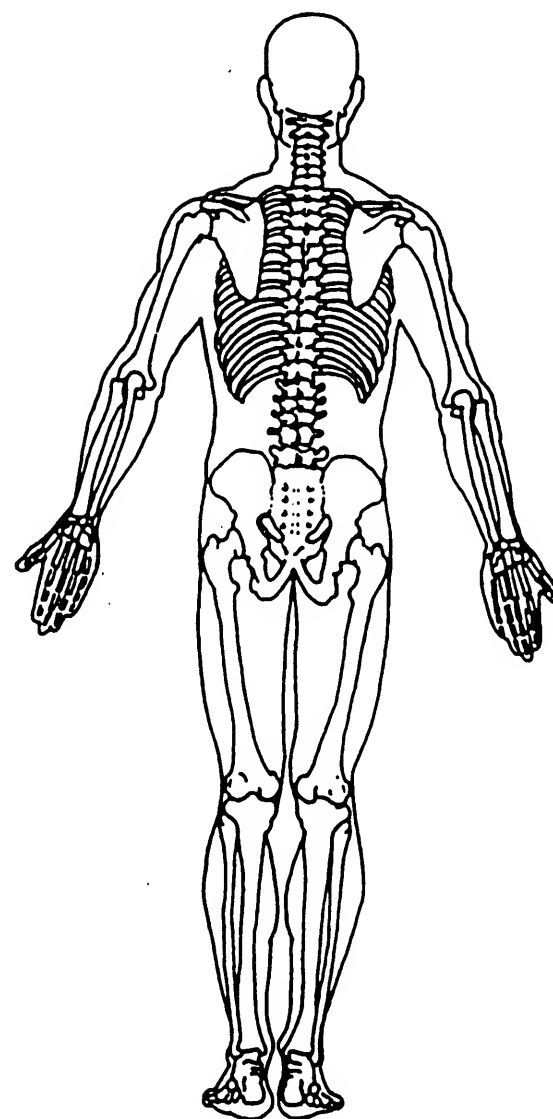
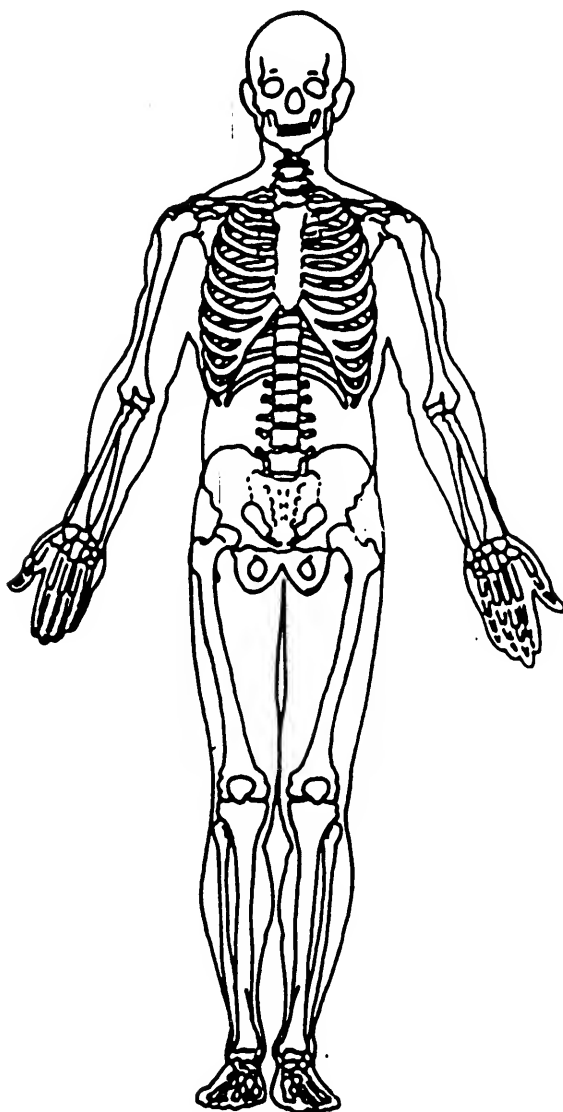
- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



*Child's parents would not return
signed medical release*

INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____
- (019) Other front object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify): _____
- (195) Other air bag compartment cover (specify): _____

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____

- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____

- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

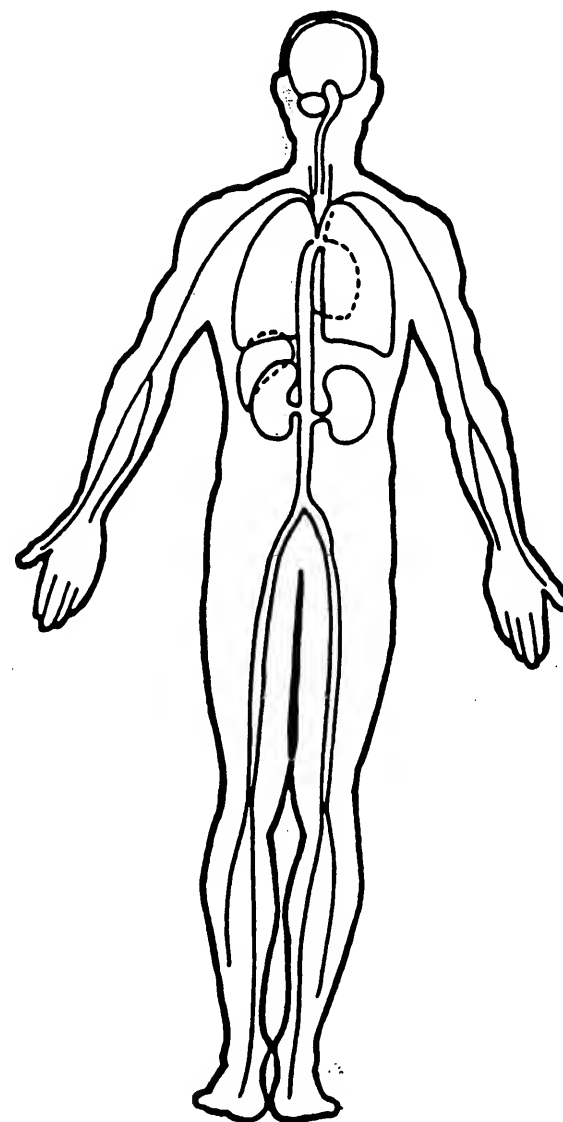
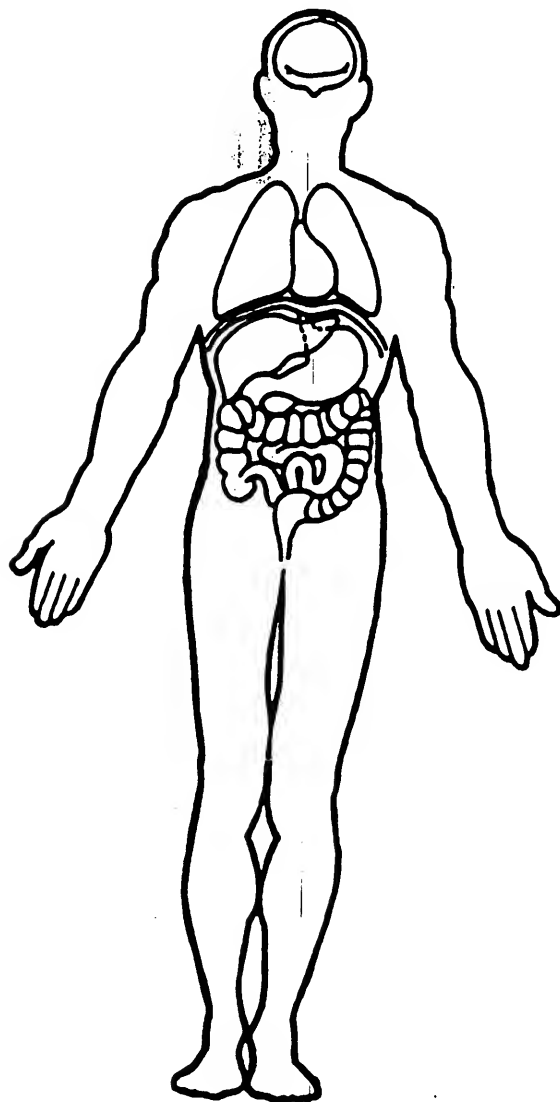
- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



Child's parents would not return
signed medical release

CAUSE OF DEATH

BEST AVAILABLE

ICD-9-CM

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

PERTINENT NEWSPAPER ARTICLES

Local girl critical in Children's

A 4-year-old girl remains in critical condition, after suffering head injuries in a 2-car accident afternoon.

remains in the intensive care unit of _____ where she was flown by _____ day. She was first transported by a squad to _____ after the accident around 2:55 p.m. at _____ and _____

_____ was the first officer on the scene, and he said today that the girl was not breathing when he arrived.

The girl's mother, _____ was out of her car, holding the girl's limp body. She handed the girl to _____ resuscitate the girl.

_____ said the girl suddenly began breathing again on her own.

_____ an off-duty emergency room nurse and _____ area resident, _____ the girl until the squad arrived, _____ said.

He said he estimates that 30 seconds elapsed from the time of _____ started again. He was four or five cars away from the when it occurred.

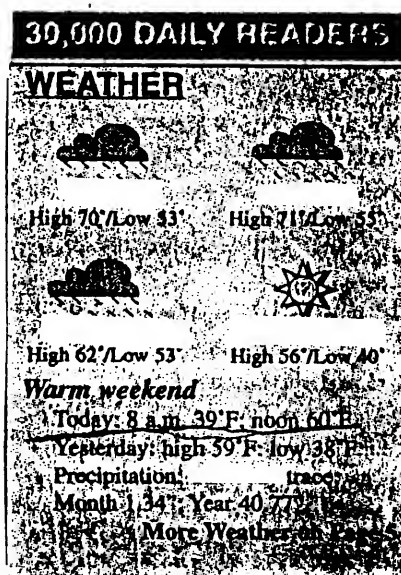
_____ of the report that _____ was Her car collided with a westbound car driven by _____ of _____ who turned his vehicle into the path of _____ car.

The car was equipped with air bags that deployed, police report.

Police are still looking into the use of safety restraints and what part, if any, the air bags may have played in the girl's injuries.

No citations have been issued, and the accident investigation continues.

Weather

**Girl critical after accident**

A 4-year-old girl was in critical condition
at following a 2-car accident

was transported by a
squad and then transferred by helicopter to the
in
She was a passenger in a car driven by her mother;
Officers of the report that
driving east and collided head-on with a car driven by
of
that auto turned left into the path of
car. Both cars sustained moderate damage.
The accident remains under investigation.